



# Saurashtra University

Re – Accredited Grade 'B' by NAAC  
(CGPA 2.93)

Prashnani, Jignesh V., 2011, “*An experimental study of the impact of clinical hypnosis on self-concept and self-esteem of school going children*”, thesis PhD, Saurashtra University

<http://etheses.saurashtrauniversity.edu/id/885>

Copyright and moral rights for this thesis are retained by the author

A copy can be downloaded for personal non-commercial research or study, without prior permission or charge.

This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the Author.

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the Author

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given.

Saurashtra University Theses Service  
<http://etheses.saurashtrauniversity.edu>  
repository@sauuni.ernet.in

© The Author

**AN EXPERIMENTAL STUDY OF THE IMPACT OF  
CLINICAL HYPNOSIS ON SELF-CONCEPT AND  
SELF-ESTEEM OF SCHOOL GOING CHILDREN**

A Thesis  
Submitted to  
Saurashtra University  
Rajkot (Gujarat)

For the Degree of  
**DOCTOR OF PHILOSOPHY**  
**IN**  
**PSYCHOLOGY**

By  
**JIGNESH V. PRASHNANI**

Under the guidance of  
**SURESH C. PAREKH (PH.D.)**  
Associate professor  
Shri M.M. Ghodasara Mahila College,  
Junagadh, (Gujarat)

**SAURASTRA UNIVERSITY**  
Department of Psychology  
University campus  
Rajkot. (Gujarat)

**APRIL 2011**

**(Registration No. 3959, 31<sup>st</sup> July 2008)**

**DEPARTMENT OF PSYCHOLOGY  
SAURASTRA UNIVERSITY  
RAJKOT-360 005**

**C E R T I F I C A T E**

This is to certify that the content of this thesis entitled “AN EXPERIMENTAL STUDY OF THE IMPACT OF CLINICAL HYPNOSIS ON SELF-CONCEPT AND SELF-ESTEEM OF SCHOOL GOING CHILDREN” is the original research work for the award of the Degree of Doctor of Philosophy in Psychology of Mr. JIGNESH V. PRASHNANI carried out under my direct guidance and supervision.

I further certify that the work has not been submitted either partly or fully to any other university or institute for the award of any degree.

**April 2011**

**Rajkot**

---

**Dr. Suresh C. Parekh (Ph.D.)**

**Associate Professor,  
Shri M.M.Ghodasara Mahila College,  
Junagadh, (Gujarat)**

**DEPARTMENT OF PSYCHOLOGY  
SAURASTRA UNIVERSITY  
RAJKOT-360 005**

**CANDIDATE'S STATEMENT**

I hereby declare that the work incorporated in the present thesis is original and has not been submitted either to any other university or institute for the award of any degree or diploma. I further declare that the results presented in the present thesis consideration made their contribution in general to the advancement of knowledge in Psychology and in particular to "AN EXPERIMENTAL STUDY OF THE IMPACT OF CLINICAL HYPNOSIS ON SELF-CONCEPT AND SELF-ESTEEM OF SCHOOL GOING CHILDREN"

**April 2011**

**Porbandar**

**JIGNESH V.PRASHNANI**

**Researcher**

## **ACKNOWLEDGEMENT**

The author of the present investigation in the form of the thesis submitted herewith has great pleasure to acknowledge his indebtedness to all such persons who have been instrumental directly or indirectly in leading their active support, and co-operation in shaping the work of the research. In reality the author believes that written words cannot always take pride in doing justice to emotional expressions of gratitude.

As a author I express my deep sense of indebtedness to my supervisor Dr. Suresh C. Parekh, Associate Professor, Shri M.M. Ghodasara Mahila College, Junagadh, for his sincere invaluable help and guidance to complete my research work. He has not also been my mentor but also a great source of encouragement whose untiring patience and supervision has made this thesis take its present shape. I express my deep sense of gratitude to him for his timely guidance, immediate feedbacks, and constant help and continuous encouragement from the beginning to end of this research. He has been always a driving force for scientific inquiry. I consider myself very fortunate for having him as my guide.

I express my humble gratitude to Prof. Dr. D.J Bhatt , Head of the Department of Psychology, Saurashtra University, Rajkot; Dr. Dinesh Dadhaniya, V.M. Maheta municipal Arts and Commerce College, Jamnagar; Dr. Dinesh J Panchal, Reader, Department of Psychology, Gujarat University, Ahmedabad; Late Dr. D. B Bhatt , Reader, Department of Psychology, S.P. University, Vallabh Vidyanagar; Dr. Jayshree Dhyani, Canada; Dr. Bhaskar Vyas, Vadodara, for his helpful and constructive suggestions and inspiration for this study and academic career.

I also take this opportunity to thank my colleagues and my B.Ed. students for helping me in data collection for my research work.

I am also thankful to all the Principals, teachers of various private and public schools of Porbandar, for kind their supports in data collections.

I am very much obliged and grateful to all the students of the said schools for sparing their invaluable time and willingness to take the test and help me to collect the required data. Without their generous co-operation and readiness to help and respond, this work could not have been completed. I thank all the students for administration of Clinical Hypnosis Sessions on them.

I am very thankful to Prof. Mukul G. Gandhi and Prof. Jayesh B. Bhatt who took keen interest and rendered their help for getting statistical analysis. I am very thankful to Principal Dr. Anupam Nagar, Dr.V.R.Godhaniya Mahila College, Porbandar; Principal Sri Devendraprasad Acharya, Gurukul Mahila College, Porbandar and Mr. Rakesh Kakkad, in-charge Principal, Dr.V.R.Godhaniya B.Ed. College, Porbandar for boosting up my spirits and encouraging me throughout the Research.

A special mention needs to be made about Dr. Ketakiben Pandya, Senior lecturer, Gurukul Mahila College, Porbandar who took keen interest and rendered her help for linguistic corrections in due time.

I gratefully acknowledge the invariable help from The Central Libraries of Saurashtra University, S.P. University and M.S. University. And I gratefully acknowledge the libraries of various P.G. departments and colleges such as the department of Psychology, Saurashtra University; Dada Dukhayal College of Education, Adipur, Gurukul Mahila College, Porbandar; Dr.V.R.Godhaniya B.Ed. College and Dr.V.R.Godhaniya Mahila College, Porbandar.

I am deeply grateful to all my family members who encouraged me in undertaking this research work and helped me till the completion of my thesis. I express my warmest sense of gratitude to my dear father Sri Vinubhai R. Prashnani and my dear mother Smt. Gunvantiben V. Prashnani for including a special interest in Psychology and for their kind support for my research work.

I am sincerely grateful to my loving sisters Darshna and Riddhi as their sincere motivation, inspiration and suggestions have boosted me to achieve the desired goal. I will remember their contribution forever.

I am extremely thankful to my beloved wife Priti, without her support and motivation my research work would have never been completed. My son Preya has been inspirational and pleasurable reinforcement for my doctoral research.

Once again my thanks go to everyone who have contributed one way or the other, and helped me in the completion of my work.

Finally I express my deepest gratitude to my divine gurus - The Mother And Sri Aurobindo for showering their divine grace continuously on me and my family at each and every moment. I am extremely thankful to The Divine Power for His divine grace and guidance at each and every step in my life.

**April 2011**

**JIGNESH V.PRASHNANI**

**Porbandar**

**Researcher**

<b>INDEX</b>		
<b>Chapter</b>	<b>Content</b>	<b>Page No.</b>
	List of Tables	viii- xiv
	List of Appendixes	xv
1	Introduction	01-32
2	The Review of Literature	33-69
3	Methodology	70-94
4	Results and Discussion	95-182
5	Summary, Conclusions, Suggestions and Limitations	183-193
	References	194-208
	Appendixes	209-248



	<b>LIST OF TABLES</b>	
Table	Content	Page
3.0	Nature of variables	81
3.1	Nature of sample	82
3.2	The six sub-scales of the CSCS	84
3.3	Details of scoring procedure	85
3.4	Maximum and minimum possible scores on different sub-scales	86
3.5	Reliability- self-concept	86
3.6	Matrix of Inter-correlation between various elements of self-concept. (N=239)-Dimensions of self-concept.	87
3.7	The four sub-scales of the SEIC	88
3.8	Reliability- self-esteem.	89
3.9	Scoring	90
3.10	Classification of the scores	91
3.11	Classification of the sub-scale scores	91
4.0	Between-Subjects Factors	99
4.1	Descriptive statistics – Total Self-concept	100
4.1.a	Tests of Between-Subjects Effects Dependent Variable: Score on the Posttest of Total Self-concept	101
4.1.b	Treatment Dependent Variable: Score on the Posttest of Total Self-concept Estimated Marginal Means For Treatment	102
4.2.	Gender Dependent Variable: Score on the Posttest of Total Self-concept	103
4.2.a	Gender * Treatment Dependent Variable: Score on the Posttest of Total Self-concept	103
4.3.	School Dependent Variable: Score on the Posttest of Total Self-concept	104

4.3.a	School * Treatment Dependent Variable: Score on the Posttest of Total Self-concept	104
4.4.	Descriptive statistics – Behaviour	106
4.4.a	Tests of Between-Subjects Effects Dependent Variable: Score on the Posttest of Behaviour	107
4.4.b	Treatment Dependent Variable: Score on the Posttest of Behaviour Estimated Marginal Means For Treatment	108
4.5.	Gender Dependent Variable: Score on the Posttest of Behaviour	109
4.5.a	Gender * Treatment Dependent Variable: Score on the Posttest of Behaviour	109
4.6.	School Dependent Variable: Score on the Posttest of Behaviour	111
4.6.a	School * Treatment Dependent Variable: Score on the Posttest of Behaviour	111
4.7	Descriptive statistics – Intellectual and School Status	113
4.7.a	Tests of Between-Subjects Effects Dependent Variable: Score on the Posttest of Intellectual and School Status	114
4.7.b	Treatment :Dependent Variable: Score on the Posttest of Intellectual and School Status Estimated Marginal Means For Treatment	115
4.8.	Gender Dependent Variable: Score on the Posttest of Intellectual and School Status	116
4.8.a	Gender * Treatment Dependent Variable: Score on the Posttest of Intellectual and School Status	116
4.9	School Dependent Variable: Score on the Posttest of Intellectual and School Status	117
4.9.a	School * Treatment Dependent Variable: Score on the Posttest of Intellectual and School Status	118

4.10	Descriptive statistics –Physical Appearance and Attributes	120
4.10.a	Tests of Between-Subjects Effects Dependent Variable: Score on the Posttest of Physical Appearance and Attributes	121
4.10.b	Treatment Dependent Variable: Score on the Posttest of Physical Appearance and Attributes Estimated Marginal Means For Treatment	122
4.11	Gender Dependent Variable: Score on the Posttest of Physical Appearance and Attributes	123
4.11.a	Gender * Treatment Dependent Variable: Score on the Posttest of Physical Appearance and Attributes	123
4.12	School Dependent Variable: Score on the Posttest of Physical Appearance and Attributes	125
4.12.a	School * Treatment Dependent Variable: Score on the Posttest of Physical Appearance and Attributes	125
4.13	Tests of Between-Subjects Effects Dependent Variable: Score on the Anxiety	127
4.13.a	Descriptive statistics – Anxiety	128
4.13.b	Treatment Dependent Variable: Score on the Posttest of Anxiety Estimated Marginal Means For Treatment	128
4.14	Gender Dependent Variable: Score on the Posttest of Anxiety	130
4.14.a	Gender * Treatment Dependent Variable: Score on the Posttest of Anxiety	131
4.15	School Dependent Variable: Score on the Posttest of Anxiety	132
4.15.a	School * Treatment Dependent Variable: Score on the Posttest of Anxiety	132
4.16	Descriptive statistics – Popularity	134

4.16.a	Tests of Between-Subjects Effects Dependent Variable: Score on Popularity	135
4.16.b	Treatment Dependent Variable: Score on the Posttest of Popularity Estimated Marginal Means For Treatment	136
4.17	Gender Dependent Variable: Score on the Posttest of Popularity	137
4.17.a	Gender * Treatment Dependent Variable: Score on the Posttest of Popularity	137
4.18	School Dependent Variable: Score on the Posttest of Popularity	138
4.18.a	School * Treatment Dependent Variable: Score on the Posttest of Popularity	139
4.19	Descriptive statistics – Happiness and satisfaction	141
4.19.a	Tests of Between-Subjects Effects Dependent Variable: Score on the Happiness and satisfaction	142
4.19.b	Treatment Dependent Variable: Score on the Posttest of Happiness and satisfaction Estimated Marginal Means For Treatment	143
4.20	Gender Dependent Variable: Score on the Posttest of Happiness and satisfaction	144
4.20.a	Gender * Treatment Dependent Variable: Score on the Posttest of Happiness and satisfaction	144
4.21	School Dependent Variable: Score on the Posttest of Happiness and satisfaction	145
4.21.a	School * Treatment Dependent Variable: Score on the Posttest of Happiness and satisfaction	146
4.22	Descriptive statistics – Total Self-esteem	148
4.22.a	Tests of Between-Subjects Effects Dependent Variable: Score on Total Self-esteem	149

4.22.b	Treatment Dependent Variable: Score on the Posttest of Total Self-esteem Estimated Marginal Means For Treatment	149
4.23	Gender Dependent Variable: Score on the Posttest of Total Self-esteem	151
4.23.a	Gender * Treatment Dependent Variable: Score on the Posttest of Total Self-esteem	151
4.24	School Dependent Variable: Score on the Posttest of Total Self-esteem	153
4.24.a	School * Treatment Dependent Variable: Score on the Posttest of Total Self-esteem	153
4.25	Tests of Between-Subjects Effects Dependent Variable: Score on the General Self-esteem	155
4.25.a	Descriptive statistics – General Self-esteem	156
4.25.b	Treatment Dependent Variable: Score on the Posttest of General Self-esteem Estimated Marginal Means For Treatment	157
4.26	Gender Dependent Variable: Score on the Posttest of General Self-esteem	158
4.26.a	Gender * Treatment Dependent Variable: Score on the Posttest of General Self-esteem	159
4.27	School Dependent Variable: Score on the Posttest of General Self-esteem	160
4.27.a	School * Treatment Dependent Variable: Score on the Posttest of General Self-esteem	160
4.28	Descriptive statistics – Social Self-esteem	162
4.28.a	Tests of Between-Subjects Effects Dependent Variable: Score on Social Self-esteem	163

4.28.b	Treatment Dependent Variable: Score on the Posttest of Social Self-esteem Estimated Marginal Means For Treatment	164
4.29	Gender Dependent Variable: Score on the Posttest of Social Self-esteem	165
4.29a	Gender * Treatment Dependent Variable: Score on the Posttest of Social Self-esteem	165
4.30	School Dependent Variable: Score on the Posttest of Social Self-esteem	167
4.30.a	School * Treatment Dependent Variable: Score on the Posttest of Social Self-esteem	167
4.31	Descriptive statistics – Academic Self-esteem	169
4.31.a	Tests of Between-Subjects Effects Dependent Variable: Score on Academic Self-esteem	170
4.31.b	Treatment Dependent Variable: Score on the Posttest of Academic Self-esteem Estimated Marginal Means For Treatment	170
4.32	Gender Dependent Variable: Score on the Posttest of Academic Self-esteem	172
4.32.a	Gender * Treatment Dependent Variable: Score on the Posttest of Academic Self-esteem	172
4.33	School Dependent Variable: Score on the Posttest of Academic Self-esteem	174
4.33.a	School * Treatment Dependent Variable: Score on the Posttest of Academic Self-esteem	174
4.34	Descriptive statistics – Parental Self-esteem	176
4.34.a	Tests of Between-Subjects Effects Dependent Variable: Score on the Parental Self-esteem	177

4.34.b	Treatment Dependent Variable: Score on the Posttest of Parental Self-esteem Estimated Marginal Means For Treatment	177
4.35	Gender Dependent Variable: Score on the Posttest of Parental Self-esteem	179
4.35.a	Gender * Treatment Dependent Variable: Score on the Posttest of Parental Self-esteem	179
4.36	School Dependent Variable: Score on the Posttest of Parental Self-esteem	181
4.36.a	School * Treatment Dependent Variable: Score on the Posttest of Parental Self-esteem	181

## LIST OF APPENDIXES

<b>Appendix</b>	<b>Contents</b>	<b>Page</b>
A 1	Hindi version of self-concept test	209-212
A 2	Gujarati translation of self-concept test	213-214
B 1	Hindi version of self-esteem test	215-218
B 2	Gujarati translation of self-esteem test	219-220
C	Personal data sheet (PDS)	221
D 1	Descriptive Statistics: self-concept	222-231
D 2	Graphs: self- concept	232-236
D 3	Descriptive Statistics: self-esteem	237-242
D 4	Graphs: self-esteem	243-246
E	Photographs	247-248



# **CHAPTER-1**

## **INTRODUCTION**

### 1 Introduction

### 2 What is "Self"?

#### 2.1 Definitions of self constructs

##### 2.1.1 Self-esteem

##### 2.1.2 Self-efficacy

##### 2.1.3 Self-confidence

##### 2.1.4 Self-concept

### 3 Historical conceptions of "Self"

#### 3.1 "Self" in the 20th century

### 4 Self-concept

#### 4.1 Definitions and meaning of self-concept

### 5 Self-esteem

#### 5.1 Definitions and meaning of self-esteem

#### 5.2 Key Difference between self-concept and self-esteem.

#### 5.3 Similarities between self-concept and self-esteem

### 6 Hypnosis and clinical hypnosis

#### 6.1 Definitions and meaning of hypnosis

#### 6.2 The steps of hypnotic Induction/ Session

#### 6.3 Trance levels

#### 6.4 Changes during hypnosis

#### 6.5 How does hypnosis work?

##### 6.5.1 Acts at subconscious

##### 6.5.2 What is the subconscious mind?

##### 6.5.3 Consciousness vs. unconscious mind

6.5.4 Access subconscious through conscious mind

6.5.5 Levels of consciousness

7 Historical backgrounds of hypnosis

7.1 History of hypnosis

8 Definition of “Clinical hypnosis”

8.1 Clinical hypnosis is employed for treating various problems

9 What is hypnotherapy?

9.1 How is a hypnotic trance induced?

9.2 What hypnosis can do for children?

9.3 Hypnosis on children has been shown effective for their various problems

9.4 Can children respond to hypnosis?

10 Rational of the study

11 Operational definitions of the terms

11.1 Self-concept

11.2 Self-esteem

11.3 Hypnosis

11.4 Clinical hypnosis

11.5 Affirmation group

11.6 Visualization group

11.7 Affirmation and visualization group

11.8 Primary school

11.9 Public school

11.10 Private school

11.11 Urban area

12 Delimitations of the study

## **CHAPTER-1**

### **INTRODUCTION**

There are powers of the mind and the life-force which have not been included in nature's present systemization of mind and life in matter, but are potential and can be brought to bear upon material things and happenings or even brought in and added to the present systematization so as to enlarge the control of mind over our own life and body or to act on the minds, lives, bodies of other or on the movements of cosmic Forces. The modern admission of hypnotism is an example of such a discovery and systematized application.

- Sri Aurobindo - Life Divine. Chapter XXIV

#### **1 Introduction**

Human beings have been progressing on this earth since ancient time. Human being has been into research since time in memorial, due to this; there were various discovery modes; as a result of this world has become quite accessible. We can say that the world has become a smaller place for us. But desires are unlimited in spite of all the luxury we have. In search of fulfillment of this vicious circle, we leave behind mental peace, consequently our heart cries for peace.

Our ultimate aim in life is to bring peace, happiness and satisfaction in our life. To bring this satisfaction and happiness in our life, we have to be quite adjustable. Self awareness is necessary for well adjustment. Self awareness is closely concerned with self-concept.

The concept of self, its development and related terms such as ego and character, from perhaps the most controversial area of current psychological theory and research. Self-concept helps everybody to grow properly and adjust properly. Positive self-concept always strengthens the ability of reasoning, problem solving and efficiency of a child. High self-esteem leads a person towards great success. Various researches have showed that hypnosis helps to enhance self-concept and self-esteem.

## **2 What is "Self"?**

What constitutes the "self" has been pondered by philosophers, poets, artists, and others for millennia. More recently, psychologists have sought to define and research a range of self constructs.

### **2.1 Definitions of self constructs**

**2.1.1 Self-esteem:** Self-esteem refers to general feelings of self-worth or self-value.

**2.1.2 Self-efficacy:** Self-efficacy is belief in one's capacity to succeed at tasks. General self-efficacy is belief in one's general capacity to handle tasks. Specific self-efficacy refers to beliefs about one's ability to perform specific tasks (e.g., driving, public speaking, studying, etc.)

**2.1.3 Self-confidence:** Self-confidence refers to belief in one's personal worth and likelihood of succeeding. Self-confidence is a combination of self-esteem and general self-efficacy.

**2.1.4 Self-concept:** Self-concept is the nature and organization of beliefs about one's self. Self-concept is theorized to be multi-dimensional. For example, people have different beliefs about physical, emotional, social and many other aspects of themselves.

## **3 Historical conceptions of "Self"**

Character development, personal growth, and development of self-constructs are commonly valued goals in Western society, and are largely taken for granted as desirable. However, this is a relatively recent phenomenon:

Between 700 and 1500, the concept of the "self" referred to only the weak, sinful, crude, "selfish" nature of humans. The evil "self" was contrasted with the divinely perfect nature of a Christian soul. Joseph Campbell believed the concept of an independent, self-directed "self" didn't start to develop until about 800 years ago. So, it is a relatively new idea which has grown in importance. In medieval times, values and meaning were dictated by the community ("do what you are told to do"). Today, modern "self" theory says each person is expected to decide what is right (almost by magic and without much reliance on the accumulated wisdom of the culture) and to know him/her

well enough to determine what courses of action "feel right." In short, we must know ourselves, so we can set our life goals and self-actualize. The cultures of 1200 and 2000 are two very different worlds. (Clayton E. Tucker-Ladd, 1996.)

### **3.1 "Self" in the 20th century**

Previous to the 20th century, social institutions, including schooling and psychology (which barely existed) did not emphasize the development of positive beliefs about "self". There was greater emphasis, for example, on developing relationship to divinities and organized systems of government. With the ousting of religion as the dominant organizational culture in Western society, and the rise of capitalism with its emphasis, particularly in North America, on expression and valuing of personal freedom, a 'cult of the self' has blossomed.

Indeed, self-constructs seem to be positively associated with other desirable qualities, such as better quality of life, higher academic performance, and so on, but there is debate about whether improving self-esteem, self-concept, etc. causes improved performance, or vice-versa. What's more, there is evidence that high self-esteem when combined with prejudice can lead to increased aggression.

Education and parenting in North America has been criticized for overemphasizing praise and affirmation of children. Simply boosting self-esteem without boosting personal skill, it has been argued, creates vacuous self-belief which leads to more serious problems arising from the self-deception.

This area deserves further research. Among other tasks, attention needs to be paid to distinguishing shallow self-esteem boosting methods from well developed, effective approaches to personal and social development.

As self-concept seems to play a significant role in the growth and development of a person, some detailed information about its nature and its relation to other important factors of personality will provide an objective and encouraging basis for the educators and counselors to work on. Torrance (1954) vouches for the practical uses of knowledge of the self-concept in

counseling and guidance. With such educational and counseling ends in mind, numerous studies have been undertaken on the subject in different parts of the world. Indian studies on the subject have dealt with: factors contributing to changes in self-concept; implementation of self-concept in occupational choices; differences in self-concepts of achievers and non-achievers in school; etc.

#### **4 Self-concept**

The self-concept as an organizer of behaviour is of great importance. Self-concept refers to the experience of one's own being. It includes what people come to know about themselves through experience, reflection and feedback from others. It is an organized cognitive structure comprised of a set of attitudes, beliefs, values, variety of habits, abilities, outlooks, ideas and feelings of a person. Consistency of behaviour and continuity of identity are two of the chief properties of the self-concept. Wylie 1974, Brookover 1988 and Mishra 1989 indicates that self-concept is positively related with their school achievement. Self-concept is a factor which helps to study the human behaviour and personality.

There are several different components of self-concept: physical, academic, social, and transpersonal. The physical aspect of self-concept relates to that which is concrete: what we look like, our sex, height, weight, etc.; what kind of clothes we wear; what kind of car we drive; what kind of home we live in; and so forth. Our academic self-concept relates to how well we do in school or how well we learn. There are two levels: a general academic self-concept of how good we are overall and a set of specific content-related self-concepts that describe how good we are in math, science, language arts, social science, etc. The social self-concept describes how we relate ourselves to other people and the transpersonal self-concept describes how we relate to the supernatural or unknown.

##### **4.1 Definitions and meaning of self-concept**

Self-concept, an ignored and neglected area in psychology and education for long, has now been recognized to play a vital role in personality development. It has been established by contemporary researches that the way an

individual perceives himself goes to shape his behaviour patterns. There is growing awareness that of all the perceptions we experience in the course of living, none has more profound significance than the perceptions we hold regarding our own personal existence-our concept regarding the point, which we are and how we fit into the world.

Self-concept may be defined as the totality of perceptions that each person has of themselves, and this self-identity plays an important role in the psychological functioning of everyone.

By self, we generally mean the conscious reflection of one's own being or identity, as an object separate from other or from the environment. There are a variety of ways to think about the self. Two of the most widely used terms are self-concept and self-esteem. Self-concept is the cognitive or thinking aspect of self (related to one's self-image) and generally refers to

"The totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence" (Purkey, 1988).

Self-esteem is the affective or emotional aspect of self and generally refers to how we feel about or how we value ourselves or one's self-worth. Self-concept can also refer to the general idea we have of ourselves and self-esteem can refer to particular measures about components of self-concept. Some authors even use the two terms interchangeably.

Franken (1994) states that

"There is a great deal of research which shows that the self-concept is, perhaps, the basis for all motivated behaviour. It is the self-concept that gives rise to possible selves, and it is possible selves that create the motivation for behaviour."

Franken (1994) suggests that self-concept is related to self-esteem in that,

"People who have good self-esteem have a clearly differentiated self-concept.... When people know themselves they can maximize outcomes because they know what they can and cannot do"

This supports the idea that one's paradigm or world view and one's relationship to that view provide the boundaries and circumstances within which we develop our vision about possibilities. This is one of the major issues facing children and youth today (Huitt, 2004).

Self-concept has been defined by several authors. William James (1890) holds it to be all that a person is tempted to call by the name me or mine. Murphy (1947) defines it as the individual as known to the individual. According to Symonds (1951), it is the way or manner in which the individual reacts to him self. He spells out four aspects of self: I. how a person perceives himself; ii. What he thinks of himself; iii. How he values himself; and IV. How he attempts through various actions to enhance or defend himself.

Carl Rogers (1951) views the self as a differentiated portion of the phenomenal field, consisting of a pattern of conscious perceptions and values of the "I" or "me". He spells out some of the properties of self: a) the self develops out of the organism's interaction with the environment; b) it may interjects the values of other people and perceive them in a distorted fashion; c) it strives for consistency; d) the organism behaves in ways that are consistent with the self; e) experiences that are not consistent with the self-structure are perceived as threats; f) the self may change as a result of maturation and learning.

By far the most influential and eloquent voice in self-concept theory was that of Carl Rogers (1947) who introduced an entire system of helping built around the importance of the self. In Rogers' view, the self is the central ingredient in human personality and personal adjustment. Rogers described the self as a social product, developing out of interpersonal relationships and striving for consistency. He maintained that there is a basic human need for positive attitude regarding both from others and from one self. He also believed that in every person there is a tendency towards self-actualization and development so long as this is permitted and encouraged by an inviting environment (Purkey & Schmidt, 1987).

We develop and maintain our self-concept through the process of taking action and then reflecting on what we have done and what others tell us about



what we have done. We reflect on what we have done and can do in comparison to our expectations and the expectations of others and to the characteristics and accomplishments of others (Brigham, 1986; James, 1890).

That is, self-concept is not innate, but is developed or constructed by the individual through interaction with the environment and reflecting on that interaction. This dynamic aspect of self-concept (and, by corollary, self-esteem) is important because it indicates that it can be modified or changed.

Self-concept may be defined as the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence. Self-concept is different from self-esteem (feelings of personal worth and level of satisfaction regarding one's self) or self-report (what a person is willing and able to disclose). Fromm (1956) was as beautifully clear as anyone when he described self-concept as "life being aware of itself."

The self-concept is composed of relatively permanent self-assessments, such as personality attributes, knowledge of one's skills and abilities, one's occupation and hobbies, and awareness of one's physical attributes. For example, the statement, "I am lazy" is a self-assessment that contributes to the self-concept. In contrast, the statement "I am tired" would not normally be considered part of someone's self-concept, since being tired is a temporary state. Nevertheless, a person's self-concept may change with time, possibly going through turbulent periods of identity crisis and reassessment.

## **5 Self-esteem**

Self-esteem is not identical to self-concept though the two are often confused. The self-concept is a set of ideas about oneself that is descriptive rather than judgmental. Self-esteem, on the other hand, refers to one's evaluation of one's own qualities. An example may clarify the distinction. An eight year old boy might have a concept of himself as someone who fights a lot. If he values his ability to fight and stand up for him, that quality might add to his self-esteem. If he is unhappy about himself or his tendency to get into conflicts, then his proneness to aggression might detract from his self-esteem. One reason for wide spread interest in self-esteem is the notion that poor self-esteem

might account for school failure for some children. (Paul and Conger, 1984.) Thus, to enhance self-esteem is to help growing children. Hypnosis can help to enhance self-esteem.

Self-esteem is a term used in psychology to reflect a person's overall evaluation or appraisal of his or her own worth. Self-esteem encompasses beliefs (for example, "I am competent" or "I am incompetent") and emotions such as triumph, despair, pride and shame. A person's self-esteem may be reflected in their behaviour, such as in assertiveness, shyness, confidence or caution. Self-esteem can apply specifically to a particular dimension (for example, "I believe I am a good writer, and feel proud of that in particular") or have global extent (for example, "I believe I am a good person, and feel proud of myself in general").

Synonyms or near-synonyms of self-esteem include: self-worth, self-regard, self-respect, self-love (which can express overtones of self-promotion), and self-integrity. Self-esteem is distinct from self-confidence and self-efficacy, which involve beliefs about ability and future performance.

### **5.1 Definitions and meaning of self-esteem**

Given its long and varied history, the term has had no less than three major types of definition, each of which has generated its own tradition of research, findings, and practical applications:

1. The original definition presents self-esteem as a ratio found by dividing one's successes in areas of life of importance to a given individual by the failures in them or one's "success / pretensions". Problems with this approach come from making self-esteem contingent upon success: this implies inherent instability because failure can occur at any moment.
2. In the mid 1960s Morris Rosenberg and social-learning theorists defined self-esteem in terms of a stable sense of personal worth or worthiness. This became the most frequently used definition for research, but involves problems of boundary-definition, making self-esteem indistinguishable from such things as narcissism or simple bragging.
3. Nathaniel Branden in 1969 briefly defined self-esteem as "...the experience of being competent to cope with the basic challenges of life and

being worthy of happiness". This two-factor approach, as some have also called it, provides a balanced definition that seems to be capable of dealing with limits of defining self-esteem primarily in terms of competence or worth alone.

Branden's (1969) description of self-esteem includes the following primary properties:

1. Self-esteem as a basic human need, i.e., "...it makes an essential contribution to the life process", "...is indispensable to normal and healthy self-development, and has a value for survival."
2. Self-esteem as an automatic and inevitable consequence of the sum of individuals' choices in using their consciousness
3. Something experienced as a part of, or background to, all of the individuals thoughts, feelings and actions.

Self-esteem is a concept of personality, for it to grow, we need to have self worth, and this self worth will be sought from embracing challenges that result in the showing of success.

Self-esteem is commonly defined as the belief that a person is accepted, connected, unique, powerful, and capable. Self-esteem issues take on a particular significance for students with learning or attention problems because self-assessment of this concept requires the ability to evaluate and compare. These are two skills that are extraordinarily challenging for students with special needs. Therefore, these children are often unable to accurately measure or assess their own self-esteem.

Because self-esteem is a feeling - not a skill - it can only be measured by observing the way in which a person acts or behaves. Teachers and parents must become keen and insightful observers of children in order to assess their self-esteem.

## **5.2 Key difference between self-concept and self-esteem**

The key difference between self-concept and self-esteem is due to the addition of feelings. Self-concept is simply the informational side of things, where you know facts about what you are like. Self-esteem is how you feel

about those things you know, like whether you enjoy the fact that you are talkative at parties (high self-esteem) or you think that you are annoying and need to learn to shut up sometimes (low self-esteem).

### **5.3 Similarities between self-concept and self-esteem**

Self-concept and self-esteem also have a lot in common though, mostly that they are reflective processes. They can be influenced not only by observing one's own self and behaviour objectively, but also by observing the reactions that other people have to you and your behaviour, or imagining what other people might think of you, or what you would think of yourself if you see yourself from outside.

## **6 Hypnosis and clinical hypnosis**

To average person 'hypnosis' is a technique used only for mysterious purposes by people with strange skills and special powers. Most of our perception and understanding of this science is based on incorrect or insufficient information. Hypnosis is a science which can be of immense value to us. Hypnosis is an altered state of consciousness with a shift of focus of attention. There are several psychological and physiological changes associated with the state. It is a heightened state of suggestibility that is generic ground of therapeutic change. Hypnosis (from Greek –Hypnos- sleep) has universal practice; however clinical practice is culturally conditioned. (Bhasker Vyas, 2006). Therapeutic hypnosis ,as it has developed and practiced over the past two centuries in the west since the time of Mesmer, is to a large extent a rediscovery of many of the mysteries of mind and behaviour that were first recorded, studied and practiced in India ( Earnest Rossi-2006)

Modern hypnosis has been used for hundreds of years to build self-confidence, change habits, stop smoking, improve memory, end behaviour problems in children and eliminate anxiety, fear and phobias.

The question is... What is hypnosis? Hypnosis is a state of mind characterized by relaxed brain waves and a state of hyper-suggestibility. Hypnosis and hypnotic suggestions have played a major role in healing for thousands of years. According to the World Health Organization, 90% of the general

population can be hypnotized. Hypnosis is a perfectly normal state that almost everyone has experienced. What we call "highway hypnosis" is a natural hypnotic state. We drive somewhere and don't remember driving or even remember seeing the usual landmarks. We are on automatic pilot. The natural hypnotic state also exists when we become so involved in a book, TV show or some other activity that everything else is blocked out. Someone can talk to us and we don't even see or hear them. Whenever we concentrate that strongly, we automatically slip into the natural hypnotic state.

The hypnotic state, by itself, is only useful for the relaxation it produces. The real importance of hypnosis to the healing and emotional change process is that while we are in the hypnotic state, our mind is open and receptive to suggestions. Positive and healing suggestions are able to sink deeply into our mind much more quickly and strongly than when we are in a normal, awoken state of mind. All research has demonstrated that while in the hypnotic state, we cannot be made to do anything against our moral values.

All of our habitual and behaviour controlling thoughts reside in what is called our subconscious mind. It's called that because it is deeper than our conscious mind. It's below our level of consciousness. We are unaware of the thoughts and feelings that reside there.

Imagine that there is a trap door between our conscious mind and our subconscious mind. Normally, the trap door is closed until our brain waves slow down to a relaxed, alpha brain wave level. This happens when we are asleep. The door opens for short periods of time and ideas, images and thoughts come out of our subconscious mind. We call what comes out in our sleep, "dreams". When we are in a state of hypnosis, the door also opens so helpful suggestions can be directed into our subconscious mind or forgotten memories can be retrieved.

### **6.1 Definitions and meaning of hypnosis**

The earliest definition of hypnosis was given by Braid, who coined the term "hypnotism" as an abbreviation for "neuro-hypnotism", or nervous sleep, which he opposed to normal sleep, and defined as:

“A peculiar condition of the nervous system, induced by a fixed and abstracted attention of the mental and visual eye, on one object, not of an exciting nature.”

According to the American Psychological Association;

“Hypnosis involves learning how to use your mind and thoughts in order to manage emotional distress (e.g., anxiety, stress), unpleasant physical symptoms (e.g., pain, nausea), or to help you change certain habits or behaviours (e.g., smoking, overeating)”.

According to Wikipedia;

“Hypnosis (from the Greek hypnos, “sleep”) is a trance-like state that resembles sleep, but is induced by a person whose suggestions are readily accepted by the subject.”

-‘Hypnosis is said to exist when suggestions from one individual seemingly alter the perceptions and memories of another.’-Orne (1971)

-‘Hypnosis is the process of a clinical trance as “a free period in which individuality can flourish”.-Erickson (1976)

--‘Hypnosis is a complex mental phenomenon that has been defined as a state of heightened focal concentration and receptivity to the suggestion of another person.’-Dhakrass and Pandit (2000)

-‘Hypnosis is a state of ‘altered consciousness’ that occurs normally in every person just before entering into sleep. The state of altered consciousness is maintained by the therapist or hypnotist to remove stress, anxiety or unconscious conflicts. The induction of hypnosis is done with the help of strong and directive affirmations. These are called suggestions for hypnotherapy.’-Augustine (2002)

-‘Hypnosis can be described as an altered state of consciousness, a dissociated state, and a state of regression.’ -Sadock and Sadock (2003)

- ‘Hypnosis is a trance-like mental state induced in a cooperative subject by suggestion.’-Carson, Butcher and Mineka (2003)

-‘A special psychological state with certain psychological attributes, resembling sleep only superficially and marked by a functioning of the individual at a level of awareness other than the ordinary conscious state. This state is characterized by a degree of increased receptiveness and responsiveness as is generally given only too external realities.’-The New Encyclopedia Britannica (15th edition)

-‘Hypnosis means the practice of causing a person to enter a state of consciousness in which they respond very readily to suggestions or commands. ORIGIN Greek Hypnos ‘sleep’.-Compact Oxford Dictionary Thesaurus & Word power Guide (2006)

The word hypnosis is derived from the Greek word Hypnos, meaning sleep. Hence, sometimes it is defined as a means of bringing on an artificial state of sleep to the participant. In fact it is a state of reduced consciousness while one is awake. During hypnosis, the body and conscious mind remain in a very relaxed, neutral state while the subconscious mind becomes alert and receptive to suggestions. Sometimes the person under hypnosis appears to be sleeping. But it is not sleep at all. It is actually a natural state of mind induced normally in everyday living much more often than it is induced artificially.

## **6.2 The steps of hypnotic Induction/ Session**

There are many ways to induce a trance state. However sessions with hypnotists follow the basic format presented here:

### **Preparation/ Rapport**

Typically involves an explanation of what to expect when experiencing hypnotic trance and having the subject get comfortable.

### **Induction**

The subject is given suggestions that guide them from normal awareness to a state of enhanced relaxation.

### **Deepening**

Deepening takes the subject from a very relaxed state into the fully

"hypnotized" state, where conscious thinking is minimized and suggestions are more readily accepted.

### **Purpose**

If the purpose of the hypnosis session is amusement, then this phase is when the subjects are asked to say or perform things that will entertain the audience. If the purpose is a therapeutic effect, this is when the subject is encouraged to see themselves as what they want to become, such as a non-smoker. If negative reinforcement is used, then this is when the subject is told that they will feel ill, or something similar, when the subject engages in the activity that they want to stop.

### **Awakening**

The subject is guided out of the hypnotic trance and brought back to a state of normal awareness with the conscious mind fully active.

These are steps for every session done with subject. Hypnotherapy starts with deep breathing with induction and release of muscles first and then shifting to concentration in the center of subject's forehead. With this focused attention subject listens repeated soothing suggestion to experience trance and relaxation.

## **6.3 Trance levels**

Hypnotists or Specialists have estimated that there are probably over one hundred different stages of hypnotic trance. Until 19th century neurologist, Dr. Jean Charcot, established them at three distinct stages, hypnotists and physicians wrangled for years over the number of stages or levels of trance. Generally, according to Charcot, there are three-trance depths. They are light, medium and deep.

### **1 Light trance**

It is also known as state of "lethargy". Where subject experiences pleasant drowsiness. Voluntary movement is possible in this level. Mask face of faint smile can be seen on subject. Opening of eye on challenge is possible, subject achieve relaxation to some extent.



## **2 Medium trance**

This state is also known as “catalepsy”. Its main feature is rigidity on suggestions. Here a voluntary movement becomes limited. Rigidity like waxy flexibility can be seen. Eyeball turns upward and opening of eyes on challenge is not possible. Subject experiences more relaxation than in light trance.

## **3 Deep trance**

It is also known as ‘somnambulistic state’. Subject may experience sleepwalking and talking sometimes. Voluntary movements become impossible. Subject may experience hallucinations, age regression, recall of lost memory etc. here opening of eyes on challenge becomes impossible subject experience a great extent of relaxation where awareness and reaction to surrounding becomes minimum.

Minimum level for hypnotherapy can be light trance. In present study 30 to 40% subjects were seen in light trance, around 50% in medium and rest were observed in deep trance which made no significant difference in order to gain result. All states helped subjects to experience a sense inexplicable pleasure and unexpected peace of mind, which strengthened the confidence of the subjects.

### **6.4 Changes during hypnosis**

Hypnosis is a state of inner absorption, concentration and focused attention in which measurable psychological and physical changes take place, and, sensory capacities of the person increase. During hypnosis the brain waves slow down from BETA into ALPHA and even enter THETA during deep trance states. It provides opportunity to the subconscious mind to communicate with conscious mind. The inner potentials of the person become accessible, and they are used to bring about change joyfully through guided imagery and positive suggestions. As per Dr. Milton Erickson, "Hypnosis is a particular altered state of selective suggestibility brought about in an individual by the use of a combination of relaxation, fixation of attention, and suggestion."

Hypnosis is quite old phenomenon used in different cultures by saints and healers. But the concept of modern psychological hypnosis was first

developed in 1843 by James Braid, a Scottish physician. Prior to that Dr. Anton Mesmer of Austria also used an earlier form of trance for healing called 'Mesmerism', in eighteenth century.

Hypnosis is often confused with Mesmerism, its historical precursor. As Hans Eysenck writes,

The terms 'mesmerize' and 'hypnotize' have become quite synonymous, and most people think of Mesmer as the father of hypnosis, or at least as its discoverer and first conscious exponent. Oddly enough, the truth appears to be that while hypnotic phenomena had been known for many thousands of years, Mesmer did not, in fact, hypnotize his subjects at all. [...] It is something of a mystery why popular belief should have firmly credited him with a discovery which in fact was made by others. (Eysenck, *Sense & Nonsense in Psychology*, 1957: 30-31)

Franz Anton Mesmer held that trance and healing were the result of the channeling of a mysterious "occult" force called "animal magnetism." In the mid-Eighteenth Century, this became the basis of a very large and popular school of thought termed Mesmerism. However, in 1843, James Braid proposed the theory of hypnotism as a radical alternative, in opposition to Mesmerism. Braid argued that the occult qualities of Mesmerism were illusory and that its effects were due to a combination of "nervous fatigue" and verbal suggestion. A bitter war of words developed between Braid and the leading exponents of Mesmerism.

Recent research supports the view that hypnotic communication and suggestions effectively changes aspects of the person's physiological and neurological functions.

Practitioners use clinical hypnosis in three main ways. First, they encourage the use of imagination. Mental imagery is very powerful, especially in a focused state of attention. The mind seems capable of using imagery, even if it is only symbolic, to assist us in bringing about the things we are imagining. For example, a patient with ulcerative colitis may be asked to imagine what his/her distressed colon looks like. If she imagines it as being like a tunnel, with very red, inflamed walls that are rough in texture, the patient may be

encouraged in hypnosis (and in self-hypnosis) to imagine this image changing to a healthy one.

A second basic hypnotic method is to present ideas or suggestions to the patient. In a state of concentrated attention, ideas and suggestions that are compatible with what the patient wants seem to have a more powerful impact on the mind.

Finally, hypnosis may be used for unconscious exploration, to better understand underlying motivations or identify whether past events or experiences are associated with causing a problem. Hypnosis avoids the critical censor of the conscious mind, which often defeats what we know to be in our best interests. The effectiveness of hypnosis appears to lie in the way in which it bypasses the critical observation and interference of the conscious mind, allowing the client's intentions for change to take effect.

Some individuals seem to have higher native hypnotic talent and capacity that may allow them to benefit more readily from hypnosis. It is important to keep in mind that hypnosis is like any other therapeutic modality: it is of major benefit to some patients with some problems, and it is helpful with many other patients, but individual responses vary.

## **6.5 How does hypnosis work?**

### **6.5.1 Acts at subconscious**

Every human being has latent talent to reprogramme emotions, attitudes and reactions. Hypnosis is used to train life-long attitudes that the conscious mind is unable to change. Hypnotic suggestions focus on the subconscious part of the mind that accepts them as a new reality as long as the suggestions are framed within the person's belief system, ethical and moral standards.

### **6.5.2 What is the subconscious mind?**

That is a big question –and this is a very brief answer.

Our mind consists of two parts; the CONSCIOUS and the SUBCONSCIOUS.

The CONSCIOUS mind inhabits the surface level. This part of the mind is where we do all our everyday conscious thinking.

At a deeper level, we have the SUBCONSCIOUS mind, and this part of the mind deals with our unconscious actions – the things you do automatically.

In the subconscious we keep our habits, and also our habitual fears - and from here all our automatic responses are triggered.

The subconscious also stores our memories – and all the things that have had a hand in making us what we are today.

### **6.5.3 Consciousness vs. unconscious mind**

Some hypnotists conceive of suggestions as being a form of communication directed primarily to the subject's conscious mind, whereas others view suggestion as a means of communicating with the "unconscious" or "subconscious" mind. These concepts were introduced into hypnotism at the end of 19th century by Sigmund Freud and Pierre Janet. The original Victorian pioneers of hypnotism, including Braid and Bernheim, did not employ these concepts but considered hypnotic suggestions to be addressed to the subject's conscious mind. Indeed, Braid actually defines hypnotism as focused (conscious) attention upon a dominant idea (or suggestion). Different views regarding the nature of the mind have led to different conceptions of suggestion. Hypnotists who believed that responses are mediated primarily by an "unconscious mind", like Milton Erickson, made more use of indirect suggestions, such as metaphors or stories, whose intended meaning, may be concealed from the subject's conscious mind. The concept of subliminal suggestion also depends upon this view of the mind. By contrast, hypnotists who believed that responses to suggestion are primarily mediated by the conscious mind, such as Theodore Barber and Nicholas Spanos tended to make more use of direct verbal suggestions and instructions.

### **6.5.4 Access subconscious through conscious mind**

During the hypnotic trance the conscious mind leaves a doorway to the subconsciousness, which allows it to consider and accept new neurological connections, patterns of behaviour and thought by using hypnotic suggestions and guided imagery. Trance in hypnosis denotes deeply relaxed state of body and mind.

### **6.5.5 Levels of consciousness**

The levels of consciousness range from being fully alert to being deeply asleep. They are mainly distinguished from each other by their brain wave frequency. It is also important to note that there are no rigid boundaries separating them. Instead, the levels blend into each other, as is described below:

#### **Level state of mind and body**

Beta Full Consciousness (13-25 Cycles per second)

Alpha Twilight period between being asleep & being awake, Hypnosis Meditation (8-12 Cycles per second)

Theta Deep hypnosis & Meditation (4-7 Cycles per second)

Delta Full Sleep (0.5-3 Cycles per second)

Beta is the state of total consciousness-the normal state. Alpha and Theta fall into the category of altered states of consciousness. These are the states when behaviour modifications are most likely to take place. Suggestions given in these states go directly into the subconscious mind without any interference from the analytical conscious mind. The subconscious has no power of reasoning and will accept the suggestions as they are, and will act upon them. So, where does Hypnosis fit in all this?

Hypnosis is one of the most effective tools to induce an altered state of consciousness. Suggestions can also be effective under normal consciousness (Beta level) but research has shown that they are over a hundred times more helpful under an altered state.

### **7 Historical backgrounds of hypnosis**

This healing art was only known to a few before its formal acceptance in West as a modern therapeutic modality. It is mentioned in Atharvaveda as well as in Charka Sanhita. It is called Yog-nidra in Rajyoga.

#### **7.1 History of hypnosis**

Precursors of hypnotherapy have been seen in the sleep temples and mystery religions of ancient Graeco-Roman society, though analogies are often

tenuous. Indeed, some parallels can be drawn between hypnotism and the trance-inducing rituals common to most pre-literate societies.

In the mid eighteenth century Franz Anton Mesmer introduced the concepts and techniques of animal magnetism. Mesmerism became an influential school of esoteric therapy and important Mesmerists like James Esdaile and John Elliotson helped maintain its popularity in medicine until the end of the nineteenth century when it experienced a kind of resurgence in the work of Jean-Martin Charcot, the father of modern neurology.

However, in the 1840s, Scottish physician James Braid, had already pioneered the concept of hypnotism as an opposing tradition to Mesmerism, based upon basic psychological and physiological mechanisms rather than the occult theories of animal magnetism. Braid's work was of limited influence in the UK but in France his ideas were developed into a more sophisticated psychological treatment. Hippolyte Bernheim began as a sceptic but became converted to the importance of hypnotism by observing the work of the celebrated country doctor Ambroise-Auguste Liébeault who rejected the theory of Mesmer and followed Abbe Faria. Emile Coué, a former clinical assistant to Liébeault, proposed a more collaborative and educational alternative to hypnosis called "conscious autosuggestion" which became very popular as a form of self-help in the 1920s.

An important rivalry and debate developed between the Salpêtrière school of Charcot, which focused on physiological phenomena induced by mesmeric practices, and the Nancy School of Bernheim which placed more emphasis upon psychology and verbal suggestion, following the later writings of Braid. However, Charcot's ideas on hypnosis were almost entirely discredited and Bernheim's school effectively won the debate, becoming the most significant precursor of modern psychological hypnotism.

Sigmund Freud was originally a proponent of hypnotherapy. He traveled to France to study hypnosis with the two great teachers of his day, Charcot at the Salpêtrière and Bernheim's Nancy School. Freud wrote several articles on hypnotherapy and translated two of Bernheim's books on the subject from French into German. He originally employed hypnotherapy with a small

number of clients in the 1890s. By about 1905, he had largely abandoned the procedure in favor of his newly-developed free association technique. However, Freud's description of the basic rule of free association still bears a striking resemblance to certain modern methods of hypnotic induction. Struggling with the great expense of time required for psychoanalysis to be successful, Freud later suggested that it might be combined with hypnotic suggestion once more in an attempt to hasten the outcome of treatment,

However, only a handful of Freud's followers were sufficiently qualified in hypnosis to attempt the synthesis, which resulted in a gradual resurgence in popularity of "hypno-analysis" or "hypnotic regression" methods of hypnotherapy.

Milton H. Erickson, M.D. is considered one of the most influential modern hypnotherapists. He has written many books, journals and articles on the subject, and his accomplishments are well-documented.

During the 1960s, Erickson was responsible for popularizing an entirely new branch of hypnotherapy, which we now call Ericksonian hypnotherapy, characterized by, amongst other things, indirect suggestion, confusion techniques, and double binds.

The popularity of Erickson's techniques has since led to the development of neuro-linguistic programming (NLP), which has in turn found use in modern-day sales, advertising, and corporate training. However, NLP has been criticized by many eminent hypnotists as a distortion of Erickson's work.

Richard Bandler and John Grinder [the founders of NLP] have on the other hand, offered a much adulterated, and at times fanciful, version of what they perceived Erickson as saying or doing guided by their own personal theorizing. (Weitzenhoffer, *The Practice of Hypnotism*, 2000: pp 592-593)

## **8 Definition of "Clinical hypnosis"**

'Hypnosis can help you focus your attention, rethink problems, relax, and respond to helpful suggestions. Hypnosis relies mainly on your ability to

perception of pain and other sensations and gain some control over emotional and physical responses. Hypnosis can help control chronic cancer pain,

menstrual pain and headaches; make labour and child-birth more comfortable; decrease the amount of medication needed during surgery; and shorten surgery recovery time. Hypnosis has been shown to alleviate the symptoms of irritable bowel syndrome and those of asthma. Some people can gain control of unwanted behaviours such as tobacco smoking, bed-wetting, nail-biting, teeth-grinding, phobias, overeating, and difficulty in sleeping. ‘- The Harvard Medical School—Family Health Guide [2003]

Clinical hypnosis is a procedure during which a qualified health professional or therapist (the “hypnotist”) gives a patient carefully worded instructions to follow with the goal of helping the patient enter a state of deep relaxation. In this hypnotic state, the “hypnotized” patient is aware of everything that is going on, but at the same time, becomes increasingly absorbed in using his or her imagination as directed by the hypnotist.

Hypnosis is a relationship-based process of communication through which the clinician induces in the patient an alteration in consciousness and internal perception characterized by increased suggestibility. However, in the clinical setting, during the intake and evaluation process, an informal waking hypnosis state may develop before the formal induction of a hypnosis trance state. This waking hypnosis state has trance-like qualities that arise from the early experience of relaxation, which naturally develops during the patient’s comfortable interaction with the clinician. This comfort, the patient’s growing sense of trust in the clinician, and the patient’s expectation of eventually entering a formal trance, all help create the experience of relaxation which leads into the informal waking hypnosis state. The communication process that takes place during this waking state is designed to start the process of change that is later further fixed in place during the hypnosis trance state.

In the hypnotic state, which is an altered state of consciousness, awareness, and perception, suggestibility is heightened. Both parts of the mind (conscious and subconscious) are more receptive to acceptable, therapeutic suggestions than they are in an ordinary waking state. Even in a light hypnotic “trance”, with the patient’s permission, the “doorway” to his or her subconscious mind opens. This makes it possible for the hypnotist to provide information to the patient’s subconscious in a form that the subconscious can accept.



In reality, all hypnosis is self-hypnosis. This is because in order for a person to enter the hypnotic state, he or she must follow the hypnotist's instructions, and his or her conscious and subconscious minds must accept the hypnotist's suggestions and make them his or her own.

### **8.1 Clinical Hypnosis is employed for treating various problems**

Clinical Hypnosis is employed for treating various problems like,

- Addictions
- Alcohol
- Anxiety
- Chronic Pain
- Compulsions
- Depression
- Drug Dependency
- Habits
- Hypochondriasis
- Nail Biting
- Over-Eating
- Panic Attacks
- Phobias
- Post-Traumatic Stress
- Preparation For Child Birth
- Preparation For Surgery
- Preparation For Test Taking
- Sleep
- Smoking
- Tics
- Weight

## **9 What is hypnotherapy?**

It is one kind of psychotherapy. It is non-invasive and usually non-analytical. The therapeutic uses of hypnosis as an adjunct or mainstay to control or cure psychological disorders or clinical diseases come in this domain.

Hypnotherapy is the application of hypnotic techniques in such a way as to bring about therapeutic changes. An external influence – the Therapist – assists in activating the inner resources of a person – the Client – in order to achieve realistic goals.

Hypnosis is a mental state (state theory) or set of attitudes and beliefs (non-state theory) usually induced by a procedure known as a hypnotic induction, which is commonly composed of a series of preliminary instructions and suggestions. Hypnotic suggestions may be delivered by a hypnotist in the presence of the subject, or may be self-administered ("self-suggestion" or "autosuggestion"). The use of hypnotism for therapeutic purposes is referred to as "hypnotherapy".

### **Approved by**

British Medical Association – 1892

American Medical Association – 1958

India - Indian Society of Clinical and Applied Hypnosis: 1972

Maharaja Sayajirao University (M.S.University) at Vadodara -2000

Hypnotherapy has many other applications but efficacy research has tended to focus upon these issues. More mixed results have been obtained for its efficacy in relation to the treatment of addictions, an area where high relapse is common with most treatments.

In 1999, the British Medical Journal (BMJ) published a Clinical Review of current medical research on hypnotherapy and relaxation therapies, it concludes,

'There is good evidence from randomized controlled trials that both hypnosis and relaxation techniques can reduce anxiety particularly that related to stressful situations such as receiving chemotherapy.

'They are also effective for panic disorders and insomnia, particularly when integrated into a package of cognitive therapy (including, for example, sleep hygiene).

'A systematic review has found that hypnosis enhances the effects of cognitive behavioural therapy for conditions such as phobia, obesity, and anxiety.

'Randomized controlled trials support the use of various relaxation techniques for treating both acute and chronic pain.

'Relaxation and hypnosis are often used in cancer patients. There is strong evidence from randomized trials of the effectiveness of hypnosis and relaxation for cancer related anxiety, pain, nausea, and vomiting, particularly in children.' (Vickers & Zollman, 'Clinical Review: Hypnosis & Relaxation Therapies', BMJ, 1999)

### **9.1 How is a hypnotic trance induced?**

There are several ways to induce hypnosis, and different hypnotists will use their own favorite methods. Stage hypnotists and hypnotherapists may employ different methods.

Some hypnotherapists like to start with some form of fascination. They may ask us to concentrate on a revolving spiral, or some other object. But don't be disappointed if this technique is not used, as it is just a variation, not a necessity. Honestly, not many people ask us to gaze into their 'piercing eyes,' or stare at a swinging watch these days. That sort of thing has more to do with old fashioned Hollywood movies than modern hypnotherapy.

Most hypnotherapists use relaxation techniques, and we are also likely to be asked to concentrate on certain things. For instance we may be asked to focus our attention on our breathing, or to imagine various things.

During the induction, the therapist is likely to speak to us in a particular way, and at a particular tempo, which is designed to gently slow down the brainwaves. This will help us to gradually drift into the pleasant state of hypnotic trance, in which we will experience feelings of relaxation and well-being.

Words like “relax,” “deeper,” and “sleep” or “sleepy” are often used in the induction. However, these words are not intended to send us to sleep. They are merely calming words which send special messages to the brain to help us to become very relaxed and tranquil.

Hypnosis is not a state of being unconscious, but merely of having our consciousness altered – indeed our mind remains clear and focused, and we are likely to remember most of what was said to us.

Some people are very easy to hypnotize, whilst others take longer. Most people remain in a fairly light state of hypnotic trance, whilst a very small percentage naturally goes to much deeper levels. Sometimes people drift in and out of lighter and deeper states. All this is perfectly normal. Deep states of hypnosis are not required always for successful therapy. This very same technique is adopted in Hypnosis. While concentrating on any task on hand like reading, watching a movie or driving the mind is open to messages, which are projected to a man discretely. Hypnosis tries to send messages to brain when it is vulnerable. Self Hypnosis is also gaining popularity these days as an alternate to treat problems. A program can be designed which conveys subconscious messages to the mind. For instance people can promote good sleep by placing a cassette under the pillow which induces relaxation for the subject.

## **9.2 What hypnosis can do for children?**

Hypnosis works well because there are less years of reinforcing imprints on one’s mind. Children are more susceptible to hypnosis. They have the drive to discover and they hunger for new experiences. They’re open to new learning, willing to receive and respond to new ideas, as long as they are presented in an understandable way. Children are usually easily relaxed and focused. They have an ability to change and to be versatile, and, before the age of twelve, to accept most ideas uncritically. They aren’t as dominated by rational questioning and concerns that adults have formed through their life experiences. Also, they don’t have the fears and misconceptions about hypnosis that so many adults have. This makes it relatively easy to work with them.

Working with children is a wonderful specialty. The benefits of hypnosis with children are the same as for adults, as long as their problems are treated as seriously as adults. Hypnosis is a powerful tool in strengthening a child's confidence. It helps a child to feel empowered where, before; they have been "victim." It releases willingness to use their natural gifts. It elicits talent and creativity. It provides a wonderful foundation in their education. With a good hypnotherapist, children can experience true success in their lives in all areas. They feel happier, and have a sense of real freedom.

### **9.3 Hypnosis on children has been shown effective for their various problems**

Hypnosis on children has been shown effective for

- Asthma
- Dyslexia
- Behavioural problems
- Stuttering
- Anxiety and self confidence
- Nail biting
- Bed wetting
- Childhood phobias
- Sleep problems
- Obsessive compulsive disorder
- Sports performance
- Academic performance
- Enhancing self-concept and self-esteem

### **9.4 Can children respond to hypnosis?**

Research and clinical experience shows that children usually respond very positively to hypnosis. Most children have a wonderful capacity for imagination and will often respond to any hypnotic journey suggested to them. Children have very active "fantasy lives" and most parents know that younger

children seem to be entranced in their own world much of the time. Hypnotherapy techniques and suggestions should be adapted according to the age and development of the child for the most effective results.

## **10 Rational of the study**

It is true to say that nobody likes suffering and everybody seeks happiness. Man needs satisfaction and peace of mind, which means and includes living a full life. The best means of attaining the real peace of mind is hypnotic relaxation in this fast age. According to The Mother- It is only in quietness and peace that one can know what the best thing to do is. Hypnotic relaxation gives peace and self awareness. Self awareness shows us about negative and positive aspects of our self. Clinical hypnosis helps us to enhance our positive self image and to remove negative self image. If we have higher positive self-concept and higher self-esteem, then we can feel great confidence in our selves that lead us to great success and inner satisfaction. Children are future of nation. So if children feel self worth from beginning, nation will become worthy itself. So this type of experimental studies can guide us for better mankind and better world too.

## **11 Operational definitions of the terms**

### **11.1 Self-concept**

Self-concept is a multi-dimensional construct that refers to an individual's perception of "self" in relation to any number of characteristics, such as behaviour, intellectual and school status, physical appearance and attributes, anxiety ,popularity, happiness and satisfaction and many others. While closely related with self-concept clarity, it presupposes but is distinguishable from self-awareness, which is simply an individual's awareness of their self.

### **11.2 Self-esteem**

Self-esteem is not identical to self-concept through the two are often confused. The self-concept is a set of ideas about oneself that is descriptive rather than judgmental. Self-esteem refers to one's evaluation of one's own qualities. Four areas regarding self-esteem like general, social, academic and parental will be studied in the present study.

### **11.3 Hypnosis**

Hypnosis (from Greek –Hypnos- sleep) is an altered state of consciousness with a shift of focus of attention. Clinical aspects of hypnosis will be applied here in the present study.

### **11.4 Clinical hypnosis**

Hypnosis can help us to focus our attention, rethink problems, relax, and respond to helpful suggestions. Hypnosis relies mainly on our ability to concentrate and on the trust we have on the therapist. In present study Clinical Hypnosis means it is a procedure which will be done through relaxation, positive affirmation and creative visualization.

### **11.5 Affirmation group**

Positive affirmations will be given in affirmation group, when children enter under hypnosis or trance.

### **11.6 Visualization group**

Creative visualization will be given in visualization group, when children enter under hypnosis or trance.

### **11.7 Affirmation and visualization group**

Positive affirmations and creative visualization will be given in affirmations and visualization group, when children enter under hypnosis or trance.

### **11.8 Primary school**

Primary school is a school that includes mostly standard 5<sup>th</sup> to 7<sup>th</sup> in Gujarat. Now a day's standard eight also be considered as primary class in some school. In present study only 7<sup>th</sup> class of Gujarati medium will be covered as a part of the study.

### **11.9 Public school**

Public school means pure government schools of Gujarat in this study. A Government school is that which runs by the State Government or Central Government or Public Sector Undertaking or an Autonomous Organization completely financed by the Government. In present study only 7<sup>th</sup> class of Gujarati medium from Porbandar city will be covered as a part of the study.

#### **11.10 Private school**

Private school means self finance schools of Gujarat in this study. A private unaided school is that which is managed by an individual or a private organization and does not receive any grant either from government or local body. In present study only 7<sup>th</sup> class of Gujarati medium from Porbandar city will be covered as a part of the study.

#### **11.11 Urban area**

All areas which were identified as “urban” at the time of the Census 2001 or subsequently notified to be so, are to be treated as urban.

#### **12 Delimitations of the study**

The study will be delimited to the primary Schools of Porbandar, in which the Male and Female students of 7<sup>th</sup> standard who are studying in Gujarati medium primary Schools of the Porbandar city will be covered.



## **CHAPTER-2**

### **THE REVIEW OF LITERATURE**

- 1 Introduction
- 2 Studies regarding self-concept
- 3 Studies regarding self-esteem
- 4 Studies on impact of hypnosis
  - (A) Clinical studies
  - (B) Therapeutic uses of hypnosis- Medical applications
  - (C) Therapeutic uses of hypnosis- Psychological applications
  - (D) Miscellaneous studies
- 4 Review of literature and present study

## **CHAPTER-2**

### **THE REVIEW OF LITERATURE**

#### **1 Introduction**

According to Good, Barr and Scates (1941), "Survey of related literature helps us to know whether evidence already available solves problems adequately without further investigation and thus may save duplication" Scot and Wertheimer (1992) pointed out, "review of related literature may serve to avoid unnecessary duplication any may help to make progress towards the solution of new problems emphasizing the importance of survey of related literature". So review of studies of literature is an important prerequisite for actual planning and then execution of any research work. The research workers need to acquire up-to-date information of what has been thought and said in a particular area so that they can derive benefit from the work of their predecessors. There are a number of different views available on this issue. In the present chapter the researcher has attempted to study relevant literature on impact of various strategies of clinical hypnosis on self-concept and self-esteem of school going children. In the recent past, some numbers of researches were reported on therapeutic effects of clinical Hypnosis on self-concept and self-esteem separately in foreign studies as well as in India.

Here, the investigator tries to review the relevant literature to the area of the present study that is presented below.

#### **2 Studies regarding self-concept**

1)

Title: The self-concept revisited: or a theory of a theory.

Authors: Epstein and Seymour.

Published in: American Psychologist. Vol. 28 (5), May 1973, 404-416.

In the presented study, researchers attempted to integrate phenomenological theories of the self-concept into a broader framework compatible with an objective approach. The phenomenological theories that identify the self-concept as the nucleus of the personality with directive and integrative properties become intelligible when the self-concept is redefined as a "self-

theory" that the individual has unwittingly constructed about himself as an experiencing, functioning individual. The self-theory supplements a "world theory," which encompasses the remaining significant aspects of experience. An individual's self-theory consists of a hierarchical arrangement of major and minor postulates. The postulates can be operationally identified by the cognitions implicit in the individual's emotional responses to events. The individual develops his self-theory to assist in the maintenance of a favorable pleasure-pain balance, assimilate the data of experience, and maintain self-esteem. A failure in any of these functions produces mounting stress, and ultimately collapse of the self-theory, which can be adaptive in providing an opportunity for drastic reorganization.

2)

Title: Self-esteem and clarity of the self-concept.

Authors: Campbell and Jennifer D.

Published in: Journal of Personality and Social Psychology. Vol 59(3), September 1990, 538-549.

This article examined the association between evaluative and knowledge components of the self. Four studies tested the hypothesis that the self-concepts of low self-esteem (LSE) people are characterized by less clarity or certainty than those of high-self-esteem (HSE) people. LSE Ss exhibited less extremity and self-reported confidence when rating themselves on bipolar trait adjectives (Study 1), less temporal stability in their trait ratings over a 2-month interval (Study 2), less congruence between their self-concepts and their subsequent perceptions of situation-specific behaviour and memory for prior behaviour (Study 3), and less internal consistency, lower self-rated confidence, and longer reaction times when making me/not me responses to pairs of opposite traits (Study 4). Alternative accounts of the results and the implications of self-concept clarity for understanding the pervasive impact of self-esteem on behaviour are discussed.

3)

Title: The motivational effects of charismatic leadership: A self-concept based theory

Authors: Boas Shamir, Robert J. House and Michael B. Arthur

Published by: INFORMS Organization Science, Vol. 4, No. 4 (Nov., 1993), pp.577-594.

The empirical literature on charismatic or transformational leadership demonstrates that such leadership has profound effects on followers. However, while several versions of charismatic leadership theory predict such effects, none of them explains the process by which these effects are achieved. In this paper it is discussed that advance leadership theory by addressing this fundamental problem. A self-concept based motivational theory presented to explain the process by which charismatic leader behaviours cause profound transformational effects on followers. The theory presents the argument that charismatic leadership has its effects by strongly engaging followers' self-concepts in the interest of the mission articulated by the leader.

4)

Title: Sexual self-concept among adolescents.

Authors: Mary Polce-Lynch, Barbara J. Myers, Christopher T. Kilmartin, Renate Forssmann-Falck and Wendy Kliever

Presented in: International Conference on AIDS. 1996. July 7-12.

Objectives if the study was to determine the association of four measures of sexual self-concept with race, gender and age among adolescents. A cross sectional survey of 104 adolescents aged 10-20 was conducted in Louisiana December 1995-January 1996. Four indices were used: self-perceived attractiveness, control in a sexual situation, genital perceptions, and self-esteem. The indices were scored on a 0-100% scale and compared by race, gender, and age using ANOVA. Results: Respondents were 62% White, 33% African American, 4% Hispanic, 43% boys and 57% girls, and average of 16 years of age. Boys were statistically higher than girls ( $p$  is less than .01) on the self-esteem (82 vs. 76), attractiveness (75 vs. 65), and genital perception (69 vs. 57) indexes. African American girls scored higher on the esteem (80 vs. 73), attractiveness (70 vs. 62), and genitals (66 vs. 52,  $p$  is less than .001) indexes; but scored lower on feelings of control index. There was no racial

difference among the men. Age was not associated with these indices. Statistical correlation was found between attractiveness and esteem and sexual control indices ( $p$  is less than .001). In short, Gender differences for sexual self-concept indicate a need for increased awareness of gender-based attitudinal factors when developing programs to reduce risk taking behaviour. Sexual education must be gender and culture specific while addressing adolescent-appropriate developmental issues of identity and role confusion, reasoning and problem-solving, value clarification, and self-esteem.

5)

Title: Academic self-concept and self-efficacy: How different are they really?

Authors: Mimi Bong and Einar M. Skaalvik

Published in: Educational Psychology Review, Volume 15, Number 1 / March, 2003.

Academic motivation researchers sometimes struggle to decipher the distinctive characteristics of what appear to be highly analogous constructs. In this article, we discuss important similarities between self-concept and self-efficacy as well as some notable differences. Both constructs share many similarities such as centrality of perceived competence in construct definition; use of mastery experience, social comparison, and reflected appraisals as major information sources; and a domain-specific and multidimensional nature. Both predict motivation, emotion, and performance to varying degrees. However, there are also important differences. These differences include integration vs. separation of cognition and affect, heavily normative vs. goal-referenced evaluation of competence, aggregated vs. context-specific judgment, hierarchical vs. loosely hierarchical structure, past vs. future orientation, and relative temporal stability vs. malleability. We argue that self-efficacy acts as an active precursor of self-concept development and suggest that self-concept research separate out its multiple components and sub processes and invest more effort toward making students less preoccupied with normative ability comparisons in school.

6)

Title: Differences in physical self-concept among pre-adolescents who participate in gender-typed and cross-gendered sports.

Authors: Kirsten Krahnstoeve Davison, Dorothy L. Schmalz

Published in: Journal of Sport Behaviour, December 2006.

Investigations of physical self-concept among children have repeatedly shown that boys have higher physical self-concept than girls. Given the masculine nature of physical activity and sport, this result seems reasonable. However, previous studies have not assessed the social phenomenon of gender-typed sports. It stands to reason that because of social stereotyping, boys and girls may experience different physical self-concept in traditionally masculine (boys') sports or traditionally feminine (girls') sports. Furthermore, boys and girls who participate in cross-gender typed sports (e.g., boys in traditionally girls' sports and girls in traditionally boys' sports) may yield different results regarding physical self-concept. Toward that end, this study examined the physical self-concept of middle-school-aged boys and girls who participated in different gender stereotyped sports. Results indicated that boys and girls experienced different degrees of physical self-concept depending on the type of sport in which they participated. Boys and girls who participated in gender-typed and cross-gendered sports experienced higher physical self-concept than those who participated only in gender-typed sports. Stereotype theory is used as a framework for explaining the findings and making suggestions for future research.

7)

Title: Mindfulness as a moderator of the effect of implicit motivational self-concept on day-to-day behavioural motivation

Authors: Chantal Levesque and Kirk Warren Brown

Published in: Journal of Motivation and Emotion, Springer Netherlands, Volume 31, Number 4 / December, 2007.

Drawing from theories regarding the role of awareness in behavioural self-regulation, this research was designed to examine the role of mindfulness as

a moderator between implicit motivation and the motivation for day-to-day behaviour. In this study it is hypothesized that dispositional mindfulness (Brown and Ryan, *J Pers Soc Psychol*, 84, 822–848, 2003) would act to modify the expression of implicit autonomy orientation in daily behavioural motivation. Using the Implicit Association Test (Greenwald et al. *J Pers Soc Psychol*, 74, 1464–1480, 1998), Study 1 provided evidence for the reliability and validity of a new measure of implicit autonomy orientation. Using an experience-sampling strategy, Study 2 showed the hypothesized moderating effect, such that implicit autonomy orientation predicted day-to-day motivation only for those lower in dispositional mindfulness. Those higher in mindfulness showed more autonomously motivated behaviour regardless of implicit orientation toward autonomy or heteronomy. It also showed that this moderating effect of awareness was specific to mindfulness and was primarily manifest in spontaneous behaviour. This discussion focuses on the implications of these findings for dual process theory and research.

### **3 Studies regarding self-esteem**

Many theorists suggest ways in which ego strengthening may be connected to increased self-esteem. According to Carich (1990), ego strengthening reinforces positive attributes of behaviour and emotions through repetition and this reinforcement may help a person change his-her self-perception. This change in self-perception may also include a change in self-esteem. Mann and colleagues (2004) theorize self-esteem to be a component of the much broader construct of self-concept, and also consider concepts such as self-perception to be equivalent to self-concept.

1)

Title: Differential effects of ego threat upon persuasibility for high and low self-esteem subjects.

Authors: Silverman and Irwin

Published in: *The Journal of Abnormal and Social Psychology*. Vol. 69(5), November 1964, 567-572.

In the present study, a conceptual model of persuasibility is presented, based upon its relationship to self-esteem and defense mechanism preference. An

experiment designed to test some deductions from the model is reported, in which it is hypothesized that an experience of failure in the performance of a need-related behaviour will decrease persuasibility for high self-esteem Ss and increase persuasibility for lows. Male VA domiciliary residents were divided into 4 groups, consisting of high or low self-esteem persons receiving failure treatment or no treatment immediately prior to a test of persuasibility. The predicted interaction effect between levels of self-esteem and experimental conditions upon persuasibility scores was considered supported.

2)

Title: Collective self-esteem and in group bias.

Authors: Crocker, Jennifer; Luhtanen, Riia

Published in: Journal of Personality and Social Psychology. Vol. 58(1), January 1990, 60-67.

In addition to personal self-esteem, we propose that there is a second type of self-esteem, collective self-esteem. People who are high in trait collective self-esteem should be more likely to react to threats to collective self-esteem by derogating out groups and enhancing the in group. In a study using the minimal inter group paradigm, trait personal and collective self-esteem were measured, and subjects received information about the average performance of their group. Subjects high in collective self-esteem varied their ratings of above-average and below-average scorers on the test in an in group-enhancing fashion, whereas those low in collective self-esteem did not. Analyses based on personal self-esteem did not show this interaction. We conclude that collective self-esteem is an individual difference variable that may moderate the attempt to maintain a positive social identity. The relation between collective and personal self-esteem is discussed.

3)

Title: The self-perception of a learning disability and its relationship to academic self-concept and self-esteem

Authors: Wendy B. Heyman



Published in: Journal of Learning Disabilities. October 1990 vol. 23 no. 8, pages 472-475.

Eighty-seven children with learning disabilities, aged 9 through 11 years 11 months, completed measures of self-esteem, academic self-concept, and self-perception of their learning disability. The Self-Perception of Learning Disability (SPLD) instrument measures the extent to which children with learning disabilities perceive their disability as (a) delimited rather than global, (b) modifiable rather than permanently limiting, and (c) not stigmatizing. It was hypothesized that self-perception of one's learning disability would be related positively to both academic self-concept and self-esteem, and that each of these relationships would remain significant when controlling for sex, ethnicity, age, reading and math achievement, self-contained versus mainstreamed classroom setting, and age at diagnosis. Correlations and multiple regression analyses confirmed these hypotheses. Results were discussed in terms of helping children to develop less negative self-perceptions of their disabilities.

4)

Title: Discrepancies between implicit and explicit self-esteem: implications for narcissism and self-esteem instability.

Authors: Virgil Zeigler-Hill

Published in: American Journal of Clinical Hypnosis. 1993 January 35(3): pages 190-197.

There appear to be two forms of high self-esteem: secure high self-esteem (which is often linked with psychological health) and fragile high self-esteem (which is generally associated with poor psychological adjustment and impaired interpersonal relationships). Discrepant high self-esteem is a form of fragile self-esteem characterized by high explicit self-esteem and low implicit self-esteem. The present study examined whether discrepant high self-esteem was associated with narcissism and self-esteem instability in an undergraduate sample. Using multiple measures of implicit self-esteem, two basic findings emerged from the present study. First, participants with discrepant high self-esteem possessed the highest levels of narcissism. Second, participants with high explicit self-esteem and high implicit self-

esteem displayed the most stable self-esteem. Findings are discussed in terms of secure and fragile high self-esteem.

5)

Title: Task involvement and ego involvement: relations with academic achievement, academic self-concept and self-esteem

Authors: Einar M. Skaalvik; Harald Valns; Olav Sletta

Published by: Scandinavian Journal of Educational Research, Volume 38, Issue 3 & 4 1994 , pages 231 – 243.

Relations between academic achievement, self-perceptions, task involvement and defensive ego involvement (self-presentation concerns) were explored among 349 sixth grade and 350 ninth grade Norwegian students. Task involvement was defined as general interest in working with school subjects, whereas defensive ego involvement was defined as students' preoccupation with the impression they make on their classmates emphasizing the concern of not looking stupid. The results showed that task involvement and defensive ego involvement are independent but correlated motivational states. The concepts are negatively, but weakly correlated and are affected by different processes. Task involvement was affected directly by academic self-concept, whereas defensive ego involvement was strongly associated with self-esteem and was affected indirectly by academic self-concept through self-esteem.

6)

Title: Female wheelchair athletes and changes to body image

Authors: Robert Thomas Sands; Robyn Sandra Wettenhall

Published in: International Journal of Disability, Development and Education, Volume 47, Issue 4 December 2000 , pages 413 - 426

This paper examined the effect of a psychological intervention program on attitudes to body image of female wheelchair athletes. A single case, multiple-baseline study was employed to examine the presentation of a brief, six sessions, and cognitive behavioural intervention program on six National female wheelchair basketball players over a period of six weeks. Initially the six wheelchair athletes' satisfaction levels were compared to 20 able-bodied

basketball players on four measures: the Physical Self-Perception Profile, Multi-Dimensional Body Image Scale, Social Physique Anxiety Questionnaire, and the Body Parts Questionnaire. Results indicated that as a result of the cognitive behavioural intervention program, physical self-perception increased for the wheelchair athletes and for 50% of the wheelchair athletes on the multi-dimensional components of body image, using the non-parametric split-middle technique. Further analysis revealed a significant effect of self-perceived competence across time indicating post-hoc significant differences between baseline data and Week 6 of the intervention program. With reference to caution due to the nature of case study research, it is asserted that this study shows promise for improving various aspects of body image satisfaction by means of a cognitive-behavioural approach and has potential for wheelchair athletes and other special populations.

7)

Title: Evidence for a self-esteem approach in the prevention of body image and eating problems among children and adolescents

Authors: Jennifer A. O'Dea

Published by: Eating Disorders, Volume 12, Issue 3 September 2004 , pages 225 – 239.

Early suggestions from the 1980s for a self-esteem approach in the prevention of eating problems have been adopted by researchers, and the results of several interventions show support for the efficacy, safety, and suitability of a predominantly self-esteem and self-acceptance approach. Several recent studies utilizing strong self-esteem components as part of their controlled prevention interventions have produced improvements in body dissatisfaction, dietary restraint, internalization of the thin ideal, and attitudes associated with the eating disorders. This article discusses self-esteem as one of the important risk and protective factors in the development of body image concerns and eating disorders and describes the subsequent use of a self-esteem approach for prevention of eating disorders. Interventions containing strong self-esteem components from around the world are discussed in relation to their impact on the body image and eating behaviours

of adolescents. Applications of the self-esteem approach for the prevention of child obesity also are discussed.

8)

Title: The role of self-esteem and anxiety in decision making for self versus others in relationships

Authors: Laura D. Wray<sup>a</sup> and Eric R. Stone

Published in: Journal of Behavioural Decision Making, Volume 18 Issue 2, Pages 125 – 144, Published Online: 5 April 2005.

Previous research has documented a tendency for people to make more risk-seeking decisions for others than for themselves in relationship scenarios. Two experiments investigated whether this self-other difference is moderated by participants' self-esteem and anxiety levels. In Experiment 1, lower self-esteem and higher anxiety levels were associated with more risk-averse choices for personal decisions but not for decisions for others. Therefore, participants with lower self-esteem/higher anxiety showed greater self-other differences in comparison to participants with higher self-esteem/lower anxiety levels. Experiment 2 demonstrated that this effect was largely mediated by participants' expectations of success and feelings about potential negative outcomes. These results are discussed in the context of threats to the self, with a central role played by anxiety and self-esteem threats in personal decision making but not in decision making for others.

9)

Title: Self-esteem memories and school success in early adolescence

Authors: Zorana Ivcevic<sup>a</sup>, David B. Pillemer<sup>a</sup>, Marc A. Brackett<sup>a</sup>

Published by: John Wiley & Sons, Ltd, 2009.

Early adolescents recounted experiences when they felt especially good or especially bad about themselves in the past year. Consistent with prior research using adult participants, negative memories focused primarily on social themes, whereas positive memories also prominently included achievement themes. Girls described more social themes than did boys for both positive and negative memories. The content of self-esteem memories was related to teachers' formal assessments of adolescents' social and academic functioning: The presence of achievement themes in positive and negative memories was associated with more positive teacher ratings.

10)

Title: Self-esteem and appraisals of parental behaviour

Authors: John R. Buri

Published by: sage, July 2010, 25 (4).

Adolescents' levels of self-esteem as a function of their own versus their parents' appraisals of parental nurturance and parental authority were investigated. Results revealed that (a) both mothers' and fathers' 'nurturance (as perceived by the adolescents) were positively related to self-esteem, (b) based upon the adolescents' appraisals, parental authoritativeness was directly related to self-esteem whereas parental authoritarianism was inversely related to self-esteem, (c) adolescents' assessments of parental nurturance and authority were more strongly related to self-esteem than were the parents' assessments of these variables, and (d) regression analyses suggested that parental authority may be an important source of parental nurturance information for adolescents.

#### **a) Miscellaneous studies**

Hansford and Hattie (1982) found that the relationship of measures such as self-concept and self-esteem were only weakly correlated ( $r = 0.20$ ). However, using linear discriminate analysis, Byrne (1990) showed that academic self-concept was more effective than was academic achievement in differentiating between low-track and high-track students. Hamachek (1995) also asserts that self-concept and school achievement and school achievement are related.

Gage and Berliner (1992) state

"The evidence is accumulating; however, to indicate that level of school success, particularly over many years, predicts level of regard of self and one's own ability (Bridgeman & Shipman, 1978; Kifer, 1975); whereas level of self-esteem does not predict level of school achievement. The implication is that teachers need to concentrate on the academic successes and failures of their students. It is the student's history of success and failure that gives them the information with which to assess themselves"

#### **4 Studies on impact of hypnosis**

Field of Clinical Hypnosis is comparatively emerging field from research point of view. Gradually scientific studies are going in such field.

Hypnosis is a natural psychological process in which critical thinking faculties of the mind are bypassed and a type of selective thinking and perception is established. Although some individuals experience an increase in suggestibility and subjective feelings of an "altered state of consciousness", this is not true for everyone. In fact, some supposed hypnotic indicators and subjective changes can be achieved without relaxation or a lengthy induction by means of simple suggestion or waking hypnosis, a fact that increases the controversy and misunderstandings around hypnosis and the hypnotic state.

##### **a) Clinical studies**

In 1996 National Institutes of Health technology assessment panel judged hypnosis to be an effective intervention for alleviating pain from cancer and other chronic conditions. A large amount of clinical studies also indicate that hypnosis can reduce the acute pain experienced by patients undergoing burn-wound debridement, enduring bone marrow aspirations and childbirth.

1)

Title: Enhancement of creativity via free-imagery and hypnosis.

Authors: Gur, R. C.; Reyher, J.

Published in: American Journal of Clinical Hypnosis, 18, (1976). 237-249.

Thirty-six male, highly susceptible subjects divided into hypnosis, simulation and waking groups, were given the Torrance Test of Creativity with modified instructions requiring them to wait passively for visual images in response to the test stimuli. Twelve waking subjects received the same test under standard instructions. The hypnotized group scored higher than all control groups on over-all creativity and on Figural creativity, but not on Verbal creativity. The results seem to support the application of the ego-analytic concept of 'adaptive regression' to both hypnosis and creativity. They also seem to confirm the association found between hypnosis and the activation of the non-verbal cerebral hemisphere

2)

Title: Treatment of penetration phobia through the combined use of systematic desensitization and hypnosis- A case study.

Authors: Frutiger, A. Dewane

Published in: American Journal of Clinical Hypnosis, 23, (1981). 269-273.

Systematic desensitization and hypnosis were used in a client with long-standing penetration phobia. Glass test tubes were used in dilation exercises and masturbation instead of more expensive metal catheters. The client was able to have intercourse and adequate sexual adjustment.

3)

Title: Using relaxation imagery with children with malignancies: A developmental perspective.

Authors: Hall, Marian D.

Published in: American Journal of Clinical Hypnosis, 25 (2-3), (1982-83). 143-149.

Developmental theory has been the foundation for this programme of relaxation-imagery therapy with its goal of increasing the efficacy of immune mechanisms, thus increasing the survival rate of children with malignancies and/or improving the comfort and quality of their lives. Three basic constructs- the impact of social stress, the positive development of attachment and the negative effects of separation and loss, and the stages of concept formation

relating to the functioning of the human body, the processes of disease and death--are basic approaches to the use of imagery-relaxation as an integral part of a comprehensive care plan.

4)

Title: Visualization as a technique for personal change

Authors: Bowhay, Cherry Lynn, 1985

Published in: <http://hdl.handle.net/2429/25351>

This study examined the effectiveness of information about, and/or practice with, visualization in increasing: self-understanding, belief in one's ability to effect self change, positive themes in ongoing imagery, and internality of locus of control. A sample of 19 women and 11 men, ranging in age from 18 to 50 years, were divided into four groups which each received different amounts of information about, or practice with, visualization. All groups were tested before and after treatment on four measures, and the three experimental groups also completed a posttest-only measure. The measures used were the Personal Response Questionnaire (developed by the author), subscales from the Imaginal Processes Inventory, the Spheres of Control test, the Questionnaire on Imagery Control, and the Questionnaire upon Mental Imagery. Results indicated that members of the experimental groups believed that visualization could contribute significantly to self-understanding, felt differently about themselves as a result of learning about visualization, felt it would be useful for personal development, and felt they would use it in their own future self-development. Vividness of imagery increased from pretest to posttest for those groups with most information about, and practice with, visualization. Increased internality on the sociopolitical control subscale of the Spheres of Control test was also found for all groups on the posttest. None of the other predicted effects were found to have occurred at a significant level. The failure to achieve the anticipated results was attributed partially to the short period of training and practice allocated, to the small number of subjects, and also to the lack of appropriate and sufficiently sensitive assessment measures.



5)

Title: Applications of hypnosis in the treatment of anorexia nervosa.

Authors: Baker, Elgan L.; Nash, Michael R.

Published in: American Journal of Clinical Hypnosis, (1987). 29, 185-193.

According to the study, historic and current reports in the literature involving applications of hypnosis with anorectic patients are reviewed and integrated to explicate core aspects of hypnotic interventions in treating anorexia nervosa. A comprehensive hypnotherapeutic approach is delineated which emphasizes the use of hypnotic strategies to reduce tension, enhance self-control, support, increased and realistic body awareness, alter distorted body image, and foster appropriate autonomy and individuation. Preliminary data are also reviewed which support the clinical efficacy of this approach.

6)

Title: Favorite stories: A hypnotic pain-reduction technique for children in acute pain.

Authors: Kuttner, Leora

Published in: American Journal of Clinical Hypnosis, 30, (1988). 289-295.

For young children (aged 3 to 6-11) with leukemia, a hypnotic trance consisting of a child's favorite story was found to be statistically more effective than behavioural distraction and standard medical practice in alleviating distress, pain, and anxiety during painful bone marrow aspirations. Measured by a behavioural checklist and judgment ratings by physician, parent, nurse, and observers, the favorite-story hypnotic technique had immediate therapeutic impact on these young patients, and the reduction in distress, pain, and anxiety was sustained on subsequent medical procedures. Self-report measures, however, were no significant.

7)

Title: Clinical hypnosis with school-age children.

Author: Valente SM.

Published in: Arch Psychiatric Nurs. 1990 April; 4(2):131-136.

According to the study, despite the fact that nurses are in key positions to learn and use hypnosis to bolster a child's symptom management, ability to solve problems, or self-esteem, they lack knowledge about the clinical effectiveness of hypnosis. Substantial clinical literature demonstrates that hypnosis effectively reduces anxiety, enhances coping, and has been used successfully to treat behaviour disorders, school phobias, and sleep disorders. Hypnosis can effectively reduce a child's anxiety and symptoms and has few side effects when used competently. With education and supervision, nurses can effectively use hypnosis to improve a child's mastery and self-esteem and to reduce severe levels of anxiety.

8)

Title: Effect of relaxation with guided imagery on anxiety, depression, and self-esteem in primips

Authors: BL Rees

Published by: Holist Nurs. (1995)13: 255-267.

A pretest-posttest experimental design with a convenience sample of 60 subjects was used to examine the effects of a relaxation with guided imagery protocol on anxiety, depression, and self-esteem in primiparas during the first 4 weeks of the postpartum period. The results showed that the experimental group had less anxiety and depression and greater self-esteem than did the control group at the end of the period. Positive correlations were obtained between anxiety and depression; negative correlations between self-esteem and anxiety and depression. All findings were significant at the .05 level.

9)

Title: Guided imagery: a practical solution for the classroom teacher

Authors: Traber, Mark W.

Published by: Lethbridge, Alta.: University of Lethbridge, Faculty of Education, 1999.

Working with students to better help them understand and appropriately respond to their emotions, ADHD status and Learning disabilities are primary goals of the Learning Assistance Program in Medicine Hat. Literature suggests that students who are emotionally well have a far greater chance of succeeding academically than those students who are not emotionally well. Through further investigation of guided imagery, I discovered that many of the chronic problems experienced by SLD students are often the areas of which guided imagery contributes many positive implications. For example, SLD students suffer from disorganized thinking and written work. Congruent implications of guided imagery are often an increase in one's focus, organization, written precision, as well as an increased motivation and/or desire to write. In addition, inattention, distractibility and short attention spans also characterize and plague the SLD student. Guided imagery is noted for its ability to dramatically relax individuals, positively resulting in an increase of one's focus and attention. Finally, SLD students are characterized by having difficulty in social relations, lowered self-esteem, depression, truancy, inappropriate behaviours and a lack of confidence. Likewise, guided imagery promotes the acceptance of others, overall wellness, creative and/or serious emotional expression and a positive self-concept; all of which help students achieve more positive work outcomes. Therefore, my question was: will my grade seven and eight SLD students consider guided imagery a positive, safe, and confidential method or medium for the promotion of the following Learning Assistance Program goals: positive behaviour, positive work outcome, positive self-concept, positive means for creative and/or serious emotional expression, overall wellness in students, the acceptance of others, increased focus and attention and increased motivation and/or desire to write? In order to answer my research question, I carefully prepared pre and post interview questions that focused on the various implications that guided imagery could promote. Following the pre-interview sessions, I subjected the students to one guided imagery activity a week over a five week period. Throughout the five weeks, I made detailed notes with regard to what I observed of the students'

behaviour and their written responses. In addition, I developed a class period into what became known as Wellness Time. Every Monday morning during Wellness Time I would read the students' guided imagery responses from the previous week to the class. This experience not only revealed to the students the various differences in personalities that existed in our classroom, but also the emotional commonalities that were shared amongst them. Following the five weeks of guided imagery sessions, I interviewed the students asking the same questions that I had asked in the pre-interviews. A culminating discussion was written using the information gathered from the interviews, the guided imagery sessions, and the responses heard during Wellness Time. From the various forms of information gathered, four major themes became apparent. The themes were motivation to write, wellness, creative expression and positive behaviour. I believed the students received from this whole guided imagery experience, a feeling of positive power. Since these students had so few means of attaining power in a productive manner, much of their life was spent attaining negative power through drug use, crime and sex. Guided imagery provided my students the opportunity to attain positive power; consequently, I was thankful that I had the tool of guided imagery in my teaching bag of tricks. There is nothing more heart warming than giving a child the gift of positive power.

10)

Title: Self-hypnosis relapse prevention training with chronic drug/alcohol users: effects on self-esteem, affect, and relapse

Authors: Ronald J. Pekala, Ronald Maurer, V. K. Kumar, Nancy C. Elliott Ellsworth Masten Edward Moon Margaret Salinger

Published in: American Journal of Clinical Hypnosis, 46:4, April 2002.

This study evaluated the effectiveness of a self-hypnosis protocol with chronic drug and alcohol patients in increasing self-esteem, improving affect, and preventing relapse against a control, a trans-theoretical cognitive-behavioural (TCB), and a stress management (attention-placebo) group. Participants were 261 veterans admitted to Substance Abuse Residential Rehabilitation Treatment Programs (SARRTPs).

Participants were assessed pre- and post intervention, and at 7-week follow-up. Relapse rates did not significantly differ across the 4 groups at follow-up; 87% of those contacted reported abstinence. At follow-up, the participants in the 3 treatment conditions were asked how often they practiced the intervention materials provided them. Practicing and minimal-practicing participants were compared against the control group for each of the 3 interventions via MANOVAs/ ANOVAs. Results revealed a significant time by groups interaction for the hypnosis intervention, with individuals who played the self-hypnosis audiotapes.

Self-esteem and serenity, and the least anger/impulsivity, in comparison to the minimal-practice and control groups. No significant effects were found for the transtheoretical or stress management interventions. Regression analyses predicted almost two-thirds of the variance of who relapsed and who did not in the hypnosis intervention group. Hypnotic susceptibility predicted who practiced the self-hypnosis audiotapes. The results suggest that hypnosis can be a useful adjunct in helping chronic substance abuse individuals with their reported self-esteem, serenity, and anger/impulsivity.

11)

Title: A character in search of character: Narcissistic personality disorder and ego state therapy.

Authors: McNeal, Shirley

Published in: American Journal of Clinical Hypnosis, 45 (3), (2002). 233-243.

The individual diagnosed with narcissistic personality disorder presents with grandiosity, extreme self-involvement, and lack of interest in and empathy for others. This paper reviews current theories concerning the development and treatment of this disorder, and presents a case study in which ego state therapy was successfully utilized and integrated into hypnotically facilitated psychotherapy with a 48-year-old man diagnosed with narcissistic personality disorder. The ego state model of treatment is described and demonstrated with case material. Initially ego states that reveal the grandiosity are accessed. As therapy progresses, ego states that hold the underlying feelings of emptiness, rage, and depression are able to emerge. With further

treatment, transformation and maturation of the ego states occur, reflecting the changes in internal structure and dynamics as well as improvement in external interpersonal relationships. Issues concerning ego state therapy as utilized with personality disorders are discussed and contrasted with more traditional methods of treatment.

12)

Title: Playful metaphors.

Author: Linden, Julie H.

Published in: American Journal of Clinical Hypnosis, 45 (3), (2002). 245-250.

According to present study, the inner world of the child is a community of archetypes potentially available for the child's healthy ego development. Many forces limit and prohibit their utility. Play therapy in the context of a hypnotic relationship can potentates these archetypes into becoming "playful metaphors" for healing and strengthening ego development. In this article, the author describes her use of playful metaphors in her therapeutic work with two children and explores how metaphor in play therapy is able to connect the child with healing archetypal imagery.

13)

Title: A review of the impact of hypnosis, relaxation, guided imagery and individual differences on aspects of immunity and health

Authors: J. H. Gruzelier

Published by: Stress, Volume 5, Issue 2 2002 , pages 147 – 163.

This review considers psychological interventions involving relaxation and guided imagery targeting immune functions. The review provides evidence of immune control accompanied by reports of enhanced mood and well-being. Three recent investigations of the author and his colleagues with self-hypnosis training incorporating imagery of the immune system are outlined. In two studies, hypnosis buffered the effects of stress on immune functions in medical students at exam time, and the comparison of self-hypnosis with and without immune imagery confirmed advantages to targeted imagery for both immune function and mood, and importantly, fewer winter viral infections. The

implications for health were investigated in a third study in patients with virulent and chronic herpes simplex virus-2 (HSV-2). Six weeks of training almost halved recurrence, improved mood and reduced levels of clinical depression and anxiety. Immune functions were up-regulated, notably functional natural killer cell activity to HSV-1. Individual differences in hypnotic susceptibility and absorption have typically been found to predict efficacy. New replicable evidence is reviewed of the importance of cognitive activation, a personality difference whose neurophysiological underpinning is consistent with left hemispheric preferential influences over the immune system. Now that the validation of psychological interventions includes advantages for health, this field of enquiry, which has been characterized by modest, small scale, largely preliminary studies, warrants a greater investment in research.

14)

Title: Correlates of imaginative and hypnotic suggestibility in children

Authors: Bruce C. Poulsen, William J. Matthews

Published by: British Society of Experimental and Clinical Hypnosis, 2003.

As an extension of previous research by Braffman and Kirsch (1999) with adults, this study investigated the relationship between suggestibility and hypnotizability in a sample of 44 child psychiatric patients. Participants were assessed for various correlates of imaginative suggestibility while controlling for non hypnotic suggestibility. Overall, non hypnotic suggestibility accounted for most of the variance in hypnotizability ( $r = 0.73$ ;  $p < 0.001$ ), and vividness and absorption were found to predict unique variance in hypnotizability ( $r = 0.28$ ;  $p < 0.001$ ) when non hypnotic suggestibility was controlled. These results support the view of hypnotic responsiveness as reflecting a continuum of suggestibility and serve to further weaken the contention that hypnosis produces an altered state of consciousness.

15)

Title: The uses of hypnotherapy with learning disabled children

Authors: Lynn S. Johnson, D. Lamont Johnson, Myrna R. Olson, Joel P. Newman

Published in: Journal of Clinical Psychology, Volume 37 Issue, Pages 291 – 299, Published Online: 21 February 2006.

Explored the impact of group hypnotic and self-hypnotic training on the academic performance and self-esteem of learning disabled (LD) children. Three hypnotic training sessions and instructions for 6 weeks of daily self hypnotic practice that contained suggestions for imagery related to improvement in these areas were given to 15 children (12 males and 3 females, ages from 7 to 13), their reading teacher, and both their parents, and their responses were compared to a similar but untreated control group of 18. No overall differences were observed between groups. A multiple regression analysis revealed important predictors of self-esteem improvement for the experimental group. The child's hypnotic susceptibility score and self-hypnotic practice by children and parents were the most relevant. These LD children were at least as hypnotically susceptible as a normative sample. Hypnotherapy is seen as feasible in group administration by persons only moderately trained in hypnosis and of potential benefit to self-esteem improvement in LD children, depending on individual difference factors.

16)

Title: Treating anxiety with self-hypnosis and relaxation

Authors: Lucy M. O'Neill, Amanda J. Barnier, Professor Kevin McConkey

Published in: Contemporary Hypnosis, Volume 16 Issue 2, Pages 68 – 80. (1999 British Society of Experimental and Clinical Hypnosis), Published Online: 23 February 2006.

The outcome and process of treating sub clinical anxiety with self-hypnosis and relaxation were compared. Twenty individuals who presented for treatment for stress, anxiety, and worry were assessed (for anxiety and self-hypnotizability), exposed to a 28-day treatment programme (which involved daily measures of outcome and process variables), and re-assessed (for anxiety). It was found that both self-hypnosis and relaxation alleviated anxiety pre- to post-treatment. Although there was no difference in the outcome data, throughout treatment self-hypnosis rather than relaxation was associated with a greater sense of treatment efficacy and expectation and with a greater



sense of cognitive and physical change. The findings are discussed in terms of the expectational and experiential aspects of self-hypnosis, and their potential role in the perception, progress and impact of using self-hypnosis in therapy.

17)

Title: The use of direct suggestion in the successful treatment of a case of snoring

Authors: Tom Kraft

Published in: Contemporary Hypnosis, Volume 20 Issue 2, Pages 98 –101.

Published Online: 28 February 2006.

This is a case study of a 53-year-old man who sought treatment for snoring. His motivation for treatment was that his wife could no longer tolerate the snoring so that he was forced to sleep in another room. The patient himself requested that I should use the direct suggestion that he turn over onto his side when snoring at night. It was shown that the snoring symptom lessened and his wife commented on this at a time when she was unaware that he was coming for treatment. The patient was also given direct suggestions to lose weight and, though at first he was reluctant to do this, later he was prepared to lose a stone in weight. After ten treatment sessions, the patient reported that the snoring symptom had been completely eliminated. At a follow-up telephone interview three months later the patient reported that his improvement had been maintained. Copyright © 2003 British Society of Experimental and Clinical Hypnosis

18)

Title: Hypnotherapy improves self-concept

Authors: Steve G. Jones

Published by: Steve G. Jones, July 27, 2009.

The term 'self-concept' is someone's awareness of themselves in relation to self-esteem, personality, and skills. Along with the present, it includes how people perceive themselves in their past and how they believe they will be in the future. Hypnotherapy has been shown to have a positive impact on one's

self-concept. Improving one's self-concept with hypnotherapy has many potential benefits for students, women, and cancer patients.

A recent study asked the question of whether hypnosis has an effect on students' self-concept. Researchers also tested whether an improvement in self-concept would lead to improved academic achievement. The participants included two experimental groups who received hypnosis-induced mental training. The study also had two control groups who received no hypnosis. Participants were undergraduate students majoring in psychology.

Results showed that the hypnosis-induced mental training had a significant positive effect on the self-concept of the students. This improvement in self-concept showed improved academic achievement as well. This shows that simple hypnosis techniques can be used to not only improve students' self-concept, but can also have a positive impact on their academic achievement (De Vos & Louw, 2009).

Forester-Miller (1999) researched a psychotherapy group consisting of women and the effect of self-hypnosis on their self-concept. The women's group was taught to use self-hypnosis to promote emotional, physiological, and psychological improvement. The women reported improved self-concept with the use of self-hypnosis. Self-hypnosis is an easy and natural method to promote improvement in self-concept. A more positive self-concept can greatly improve someone's emotional, physiological, and psychological state.

Harman (1991) analyzed the use of psychotherapy, including hypnosis, on cancer patients' self-concept.

The researcher reported that hypnosis and group support contributed to an improved self-concept in cancer patients. It helped women adjust to mastectomies, reduced stress in relation to having cancer and undergoing cancer treatment, and helped with the coping of pain and anxiety. Cancer is a very difficult illness to go through both mentally and physically. Having an improved self-concept helps cancer patients through a very difficult time.

These studies show the various ways that hypnosis can improve self-concept and thus have a major impact on one's life. Self-concept is similar to self-image and confidence. Confidence can make a big difference in how people

succeed and how they overcome obstacles. These studies show that one can easily use self-hypnosis to improve self-concept and can promote many positive changes in a person's life. It is important to improve one's self-concept because to believe in one self is very powerful and helps promote confidence.

Thus various studies has conducted in such field have reported significant impact of hypnosis in promoting physical, emotional and psychological health and to enhance the self-concept and self esteem.

### **b) Therapeutic uses of hypnosis- medical applications**

#### **HYPERTENSION & STRESS:**

1. A 30-month follow-up by LaBaw (1975) with hemophiliac patients demonstrated the effectiveness of group procedures for self-hypnosis in reducing distress and the amount of blood products required when compared to control groups in patients ranging from five to forty-eight years of age.
2. Friedman and Taub (1977, 1978) reported the results of a trial comparing hypnosis with biofeedback or a combination of both in essential hypertension. At the end of four weeks of treatment, all groups showed a significant reduction in blood pressure. But at six-month follow-up only the patients receiving hypnosis had maintained the reduction.
3. Hypertensive subjects were found to have characteristic patterns of increased cerebral blood flow that were most marked in the left hemisphere. During Hypnosis, they could reduce cerebral blood flow more dramatically than could normotensive controls. The changes noted in this research by Galeazzi (1982) were associated with decreases in vascular resistance and diastolic blood pressure in the rest of the body.

#### **PAIN, MISCELLANEOUS:**

1. Ernest Hilgard (1977) and coworkers: in extensive investigations, using experimental paradigms to induce pain (typically either a tourniquet cutting off the circulation to a limb or plunging the limb into cold water), they have demonstrated that various types of pain can be reduced by hypnotically induced analgesia.

In these studies, 66% of the high susceptibility group, but only 13% of the lower and 17% of the medium susceptibility groups, were able to reduce their pain by 1/3 or more. Twenty-six percent of the high, 57% of the medium, and 31% of the low susceptibility groups were able to reduce their pain by 10-32% when compared to controls.

2. Hilgard (1982) studied children with cancer. He found hypnosis to be effective in reducing the pain and discomfort associated with repeated unpleasant medical interventions.

#### HEADACHE PAIN:

1. Evidence accumulated to date suggests that a number of hypnotherapeutic approaches are highly effective in the treatment of patients with chronic migraine headaches. Although no one hypnotherapeutic technique has been demonstrated to be most effective, all the methods appear to be superior to a standard treatment relying on pharmacological approaches alone.

#### CANCER:

1. Spiegel and Bloom (1983b) reported that a study of women with metastatic breast cancer showed that patients who received group therapy with training in Hypnosis over a one-year period were able to reduce their pain experience by 50% when compared to a control group.

2. Both adolescent and adult cancer patients undergoing chemotherapy were reported by Cotanch (1985) and by Zeltzer (1984), in separate research, to have fewer symptoms of anticipatory nausea and vomiting following hypnotic interventions.

#### RESPIRATORY CONDITIONS:

1. In studies by Maher-Loughnan (1962, 1970), hypnosis was shown to alleviate the subjective distress of patients with asthma. This change was measured either by the number of attacks or the amount of medication that was needed when compared to supportive therapy.

2. In further study by Maher-Loughnan (1970) asthmatic subjects were randomly assigned to either hypnosis or relaxation therapy. The results showed both treatment modalities of benefit to the patients, but the

improvement in the hypnotherapy group was significantly greater. There was a peak of improvement between the seventh and twelfth weeks of treatment. In addition, only the hypnotic subjects showed improvement in physiologic

#### STRENGTHENING THE IMMUNE SYSTEM:

1. Hypnosis strengthens the disease-fighting capacity of two types of immune cells, reports Patricia Ruzyla-Smith and her co-workers at Washington State University in Pullman. Thirty-three college students who achieved a Hypnotic trance easily and 32 students who had great difficulty doing so were recruited for the study. Students who underwent hypnosis displayed larger jumps in two important classes of white blood cells than participants who received relaxation or no method. The greatest immune enhancement occurred among highly hypnotizable students in the hypnosis group.

#### SURGERY:

1. Swedish researchers studied 50 women prior to surgery. Twenty-five of the women were assigned to the experimental group who were briefly hypnotized each day for several days before their scheduled operations. Twenty-five were assigned to a control groups who were not hypnotized. While in a hypnotic state, the women in the experimental group heard suggestions to relax and feel hungry. After surgery only 10 had nausea (15 experienced no nausea), compared to 17 in the no-Hypnosis control group (8 experienced no nausea).

#### CHILDBIRTH:

1. Omer (1986a, 1986b, 1987a) found that frequency of physical complaints and the general level of anxiety were correlated with premature labor and premature contractions. A brief technique emphasizing the use of self-hypnosis was employed as an adjunct to pharmacological treatment. The prolongation of pregnancy was significantly higher for this group than for the medication-along control group, and infant weight was also significantly greater.

#### MISCELLANEOUS CONDITIONS:

1. In a 1979 research study by Jackson, subjects with hypnotic ability were shown to improve their aerobic performance significantly in response to posthypnotic suggestion. In addition, subjects with high hypnotic susceptibility significantly improved their performance in physical exercise using posthypnotic suggestion.

3. In research reported by Spanos (1988), a pair of randomized, carefully designed studies were conducted with a group of people who had warts. Subjects who were given hypnotic or non hypnotic suggestions were significantly more likely to achieve wart regression than placebo or no-treatment groups.

#### **c) Therapeutic uses of hypnosis- psychological applications**

##### ANXIETY:

1. In a report by David Spiegel in the Harvard Mental Health Letter, the research was cited that hypnosis methods have been used successfully for anxiety associated with medical procedures.

2. Two hundred forty-one patients who were undergoing percutaneous vascular and renal procedures were randomly tested on three testing regimens, one of which was hypnosis. Patients rated their pain and anxiety on 1-10 scales before, every 15 minutes during, and after the procedures. Pain remained flat over the duration of procedure time in the hypnosis group; pain increased linearly with procedure time in both other groups. Anxiety decreased over time in all three groups; the sharpest decrease was in the group that was hypnotized. Procedure times were significantly shorter in the hypnosis group. In addition, hypnosis showed itself to be superior in improving hemodynamic stability.

##### PHOBIC REACTIONS:

1. In a report by David Spiegel in the Harvard Mental Health Letter, the following research was cited: One seven-year study showed that 50% of patients afraid of flying were improved or cured after hypnosis treatment for a fear of flying.

## DEPRESSION:

1. In a neurochemical study of hypnotic control of pain conducted by Domangue (1985), patients suffering arthritic pain showed a correlation among levels of pain, anxiety and depression. Anxiety and depression were inversely related to plasma norepinephrine levels. Depression was correlated with dopamine levels and negatively correlated with levels of serotonin and beta endorphin. Following hypnotherapy, there were clinically and statistically significant decreases in depression, anxiety and pain, and increases in beta endorphin-like substances.

### **d) Miscellaneous-studies:**

Agras WS. Horne M. Taylor CB. Expectation and the blood-pressure lowering effects of relaxation. *Psychosomatic Med.* 1982; 44(4):389-95 -In a study of the blood-pressure-lowering effects of relaxation training in patients with essential hypertension, instructions concerning the relaxation procedure were varied so that one group was told to expect delayed blood-pressure-lowering and the other group immediate lowering. The systolic blood pressure decrease during the training period in the immediate lowering group was 17.0 mm Hg, compared with 2.4 mm Hg for the delayed group ( $p = 0.001$ ). Diastolic blood pressure changes were not significantly different. Measures of therapy credibility and perceived relaxation failed to differentiate the groups. The implications of these findings for future research and for clinical practice are considered.

Benson H. Frankel FH. Apfel R. Daniels MD. Schniewind HE. Nemiah JC. Sifneos PE. Crassweller KD. Greenwood MM. Kotch JB. Arns PA. Rosner B. Treatment of anxiety: a comparison of the usefulness of self-hypnosis and a meditational relaxation technique. An overview. *Psychotherapy & Psychosomatics.* 1978; 30(3-4):229-42. - We have investigated prospectively the efficacy of two non pharmacologic relaxation techniques in the therapy of anxiety. A simple, meditational relaxation technique (MT) that elicits the changes of decreased sympathetic nervous system activity was compared to a self- hypnosis technique (HT) in which relaxation, with or without altered perceptions, was suggested. 32 patients with anxiety neurosis were divided

into 2 groups on the basis of their responsivity to hypnosis: moderate-high and low responsivity. The MT or HT was then randomly assigned separately to each member of the two responsivity groups. Thus, 4 treatment groups were studied: moderate-high responsivity MT; low responsivity MT; moderate-high responsivity HT; and low responsivity HT. The low responsivity HT group, by definition largely incapable of achieving the altered perceptions essential to hypnosis, was designed as the control group. Patients were instructed to practice the assigned technique daily for 8 weeks. Change in anxiety was determined by three types of evaluation: psychiatric assessment; physiologic testing; and self-assessment. There was essentially no difference between the two techniques in therapeutic efficacy according to these evaluations. Psychiatric assessment revealed overall improvement in 34% of the patients and the self-rating assessment indicated improvement in 63% of the population. Patients who had moderate-high hypnotic responsivity, independent of the technique used, significantly improved on psychiatric assessment ( $p = 0.05$ ) and decreased average systolic blood pressure from 126.1 to 122.5 mm Hg over the 8-week period ( $p = 0.048$ ). The responsivity scores at the higher end of the hypnotic responsivity spectrum were proportionately correlated to greater decreases in systolic blood pressure ( $p = 0.075$ ) and to improvement by psychiatric assessment ( $p = 0.003$ ). There was, however, no consistent relation between hypnotic responsivity and the other assessments made, such as diastolic blood pressure, oxygen consumption, heart rate and the self-rating questionnaires. The meditational and self-hypnosis techniques employed in this investigation are simple to use and effective in the therapy of anxiety.

Boutin GE. Tosi DJ. Modification of irrational ideas and test anxiety through rational stage directed hypnotherapy RSDH. *Journal of Clinical Psychology* 1983; 39(3):382-91 - examined the effects of four treatment conditions on the modification of Irrational Ideas and test anxiety in female nursing students. The treatments were Rational Stage Directed Hypnotherapy, a cognitive behavioural approach that utilized hypnosis and vivid-emotive-imagery, a hypnosis-only treatment, a placebo condition, and a no-treatment control. The 48 Ss were assigned randomly to one of these treatment groups, which met



for 1 hour per week for 6 consecutive weeks with in-vivo homework assignments also utilized. Statistically significant treatment effects on cognitive, affective, behavioural, and physiological measures were noted for both the RSDH and hypnosis group at the posttest and at a 2-month follow-up. Post-hoc analyses revealed the RSDH treatment group to be significantly more effective than the hypnosis only group on both the post- and follow-up tests. The placebo and control groups showed no significant effects either at post-treatment or at follow-up.

Crowther JH. Stress management training and relaxation imagery in the treatment of essential hypertension. *Journal of Behavioural Medicine* 1983; 6(2):169-87- The present study compared the effectiveness of three procedures in the treatment of 34 individuals with essential hypertension: (1) stress management training plus relaxation imagery, which consisted of an adaptation of existing stress management techniques in conjunction with extensive relaxation training using relaxation imagery; (2) relaxation imagery alone; and (3) weekly blood pressure checks. The relaxation imagery technique involved visualization of a relaxing image along with concentration on suggestions of relaxation, heaviness, and warmth. Treatment was individualized and lasted 8 weeks. Results indicated stress management plus relaxation imagery and relaxation imagery alone were significantly more effective than blood pressure checks in reducing systolic and diastolic blood pressures during treatment and in maintaining diastolic blood pressure reductions during follow-up. However, no significant differences were found between the two treatment procedures. Clinical implications of these findings are discussed.

Hurley JD. Differential effects of hypnosis, biofeedback training, and trophotropic responses on anxiety, ego strength, and locus of control. *Journal of Clinical Psychology* 1980; 36(2):503-7 - Pretested 60 college students on three scales: The IPAT Anxiety Scale, the Barron Ego-strength scale, and the Rotter I-E scale. The Ss then were assigned randomly to one of four treatment groups designated: hypnotic treatment, biofeedback treatment, trophotropic treatment, and control. Three of these groups met separately for 60 minutes once a week for 8 weeks. The control group did not meet during

this time. During the sessions, each group was trained in a different technique for self-regulation. At the end of the 8-week period the scales were readministered to all groups. A series of covariance analyses indicated that hypnosis was a more effective self-regulatory technique for lowering anxiety levels when compared to biofeedback or trophotropic response procedures. With regard to increasing ego strength, both the hypnotic training group and the biofeedback training group proved to be significant. No significant difference was found between the experimental and control groups on the I-E scores.

Kohen DP Relaxation-mental imagery (self-hypnosis) for childhood asthma: behavioural outcomes in a prospective, controlled study *Hypnos* 1995 Sep; 22(3):132-44 Twenty-eight (28) 7-12 yr old children entered a controlled study of the effects of self-hypnosis on asthma.-Asthma belief and behavioural inventories were collected before, and at one and two yrs after intervention. Asthma diaries were kept daily and mailed monthly. Subjects were randomly assigned to (1) Experimental (self-hypnosis), (2) Waking suggestion (no Hypnosis), (3) attention placebo (no hypnosis or asthma discussion), or (4) traditional control groups. Twenty four (24) completed 1 month follow-up, 16 completed 6 months, and 13 completed 2 yrs. Results included fewer Emergency Room visits in the experimental group ( $p$  greater than 0.05); (2) less school missed in the experimental group compared to the traditional controlled group ( $p$  greater than 0.001) and to the waking suggestion group ( $p$  greater than 0.005); (3) no differences in psychological evaluations between groups, and (4) surprising findings regarding hypnotic and hypnotic-like experiences among subjects.

Rapkin DA. Straubing M. Holroyd JC. Guided imagery, hypnosis and recovery from head and neck cancer surgery: an exploratory study. *International Journal of Clinical & Experimental Hypnosis* 1991; 39(4):215-26 -The value of a brief, preoperative hypnosis experience was explored with a sample of 36 head and neck cancer surgery patients. 15 patients volunteered for the experimental hypnosis intervention. 21 patients who received usual care (no hypnosis) were followed through their hospital charts and were used as a comparison group. Hypnotic intervention and usual care groups were

comparable in terms of relevant demographic variables. Postoperative hospitalizations for the hypnotic intervention group were significantly shorter than for the usual care group. Within the hypnotic intervention group, hypnotizability was negatively correlated with surgical complications and there was a trend toward a negative correlation between hypnotizability and blood loss during surgery. Findings suggest that imagery-hypnosis may be prophylactic, benefiting patients by reducing the probability of postoperative complications and thereby keeping hospital stay within the expected range. Recommendations are presented for a controlled, randomized, clinical trial with a sufficiently large sample to provide the opportunity for statistical analysis with appropriate power.

Sakata K.I. Anderson J.P. The effects of posthypnotic suggestion on test performance. *International Journal of Clinical & Experimental Hypnosis* 1970; (1):61-71. -Tested 45 undergraduates pre selected for hypnotizability on 2 learning tasks by E and retested on the tasks by other Es a mo. later. Before being retested Subjects were randomly assigned to 1 of 3 treatment conditions: (a) a posthypnotic suggestion condition, (b) a waking suggestion condition, and (c) a hypnosis-no-suggestion condition in which Subjects were merely dehypnotized without exhortative instructions. Es were blind to the experimental design. Analyses of covariance indicate that the posthypnotic suggestion group performed more rapidly and accurately on a Rational Learning Test (RLT), but not on a Digit Symbol Test (DST), than the waking suggestion group. The posthypnotic suggestion group did not differ from the hypnosis-no-suggestion group, which also performed more accurately but not more rapidly than the waking suggestion group on the RLT. There were indications that posthypnotic suggestions had interfered with performance on the DST, which involved motor manipulations. Findings supported previous studies indicating differences between a posthypnotic and waking suggestion group in task performance. No definite conclusions to account for the differences could be offered. (Spanish & German summaries)

Stanton HE, A comparison of the effects of a hypnotic procedure and music on anxiety level *Australian Journal of Clinical & Experimental Hypnosis* 1984 Nov; 12(2):127-32 -A hypnotic procedure involving a relaxing induction,

positive suggestion, and mental imagery was compared with music as a means of reducing anxiety level defined in terms of scores on the Willoughby Questionnaire. Sixty adults seeking help in handling their anxiety were divided, at random, into three groups, one experiencing three weekly half hour sessions of the hypnotic procedure, another listening to music for the same amount of time, and the third serving as a non treatment control. Results indicated that both experimental treatments reduced anxiety level with the hypnotic procedure being significantly more effective. A 6 months follow up confirmed this superiority.

Taylor DN. Effects of a behavioural stress-management program on anxiety, mood, self-esteem, and T-cell count in HIV positive men. *Psychological Reports*. 1995;76(2):451-7 This study evaluated the effects of a behavioural stress-management program on anxiety, mood, self-esteem, and T-cell count in a group of HIV-positive men who were asymptomatic except for T-cell counts below 400. The program consisted of 20 biweekly sessions of progressive muscle relaxation and electromyograph biofeedback-assisted relaxation training, meditation, and hypnosis. Ten subjects were randomly assigned to either a treatment group or a no-treatment control group, and the 2 groups were compared on pre- to post treatment changes in the dependent measures. Analysis showed that, compared with the no-treatment group, the treatment group showed significant improvement on all the dependent measures, which was maintained at a 1-mo. follow-up. Since stress is known to compromise the immune system, these results suggest that stress management to reduce arousal of the nervous system and anxiety would be an appropriate component of a treatment regimen for HIV infection.

Wojcikiewicz A, Orlick T., The effects of post-hypnotic suggestion and relaxation with suggestion on competitive fencing anxiety and performance *Int J Sport Psychol* 1987; 18(4):303-13- Investigated the relative effectiveness of (1) post-hypnotic suggestion and (2) relaxation with suggestion, induced on site preceding a national competition. 33 fencers were randomly assigned to 1 of 3 groups: experimental hypnotic, experimental relaxation, and control. Subjects were tested and retested during 2 consecutive competitions on perceived anxiety, perception of task difficulty, and competition performance.

Significant differences were found between the hypnotic group and the control group for perceived level of competition anxiety. On the estimated level of task difficulty, significant differences were found for both the hypnotic and the relaxation groups when compared with the control group. No significant differences were found on fencing performance measures. (French, Spanish, German & Italian abstracts)

#### **4) Review of literature and present study**

After reviewing above-mentioned relevant literature on hypnosis, it becomes very obvious that hypnosis can be utilized to enhance certain psychological functions. As its indications suggest hypnosis is useful for anxiety, depression, memory enhancement, mental alertness, enhancement of self-esteem and self-concept.

Present researcher has reviewed literature from the field of clinical psychology, psychiatry, anesthesiology, surgery and general medicine. There are number of researches available on hypnosis regard to enhancement of self-esteem and self-concept. These researches broadly suggest that hypnotic induction can be an effective tool for different aspects of enhancement of self-concept and self-esteem. These aspects are discussed in detail in chapter no-3.

In the present study, the researcher aims to compare the impact of various strategies of clinical hypnosis on self-concept self-esteem and their aspects. The investigator has tried to review the literature pertaining to the title of the study, but to his knowledge no specific study has been found in this specific reference.

The present researcher has tried to be more careful and cautious to improve his study by taking all possible precautions at the stage of collecting and analyzing data by using adequate and relevant study design and reputed statistical techniques. The next chapters discuss such procedure and results.

## **CHAPTER-3**

### **METHODOLOGY**

1. Introduction
2. Problem of the study
3. Significance of the study
4. Objectives of the study
5. Hypotheses
  - 5.1 Hypotheses about self-concept
  - 5.2 Hypotheses about self-esteem
6. Variables
  - 6.1 Independent variables
  - 6.2 Dependent variables
  - 6.3 Controlled or constant variables
7. Experimental design
8. Sample
9. Tools
  - 9.1 Self-concept scale
  - 9.2 Self-esteem inventory
  - 9.3 Personal data sheet (P.D.S.)
10. Procedure
  - 10.1 Selection of sample
  - 10.2 Administration of scale
  - 10.3 Hypnosis administration
11. Statistical analysis
  - 11.1 Descriptive Statistics
  - 11.2 Inferential Statistics

## **CHAPTER: 3**

### **METHODOLOGY**

#### **1 Introduction**

In the present study, researcher has attempted a comparative study through which one can have an idea about the impact of various strategies of clinical hypnosis on self-concept and self-esteem.

Research in common parlance refers to a search for knowledge. Research is a careful and scientific inquiry into every subject, subject matter or area, which endeavors to discover valuable information which would be useful for further application. One can also define research as a scientific and systematic search for pertinent information on a specific topic. Any research starts with curiosities and questions about a phenomenon or a set of phenomena. In research, systematic attempts are made to explore, analyze and understand the issues under research problem suitable conceptual and methodological tools. The process of inquiry and analytical tools a great extent relative to the specific domain of the concern, and the conceptual, methodological, heuristic and programmatic goals of the research. In short, the search for knowledge through objective and systematic method of finding solution to a problem is research.

In present investigation, main focus is on impact of various strategies of Clinical Hypnosis on self-concept and self-esteem of school going children with regard to gender and types of school.

#### **2 Problem of the study:**

In research process, the first and foremost step happens to be that of selecting and properly defining a research problem. A research problem, in general, refers to some difficulty which a researcher experiences in the context of either a theoretical or practical situation and wants to obtain a solution for the same. The problem of the present research study is as under.

To conduct an experimental study to find out the impact of various strategies of clinical hypnosis on self-concept and self-esteem of school going children.

### **3 Significance of the study**

It is true to say that nobody likes suffering and everybody seeks happiness. Human being needs satisfaction and peace of mind, which means and includes living a full life. The best means of attaining the real peace of mind is hypnotic relaxation in this fast age. According to The Mother- It is only in quietness and peace that one can know what the best thing to do is. Hypnotic relaxation gives peace and self awareness. Self awareness shows us about negative and positive aspects of our self. According to various studies, Clinical hypnosis helps us to enhance our positive self image and to remove negative self image. If we have higher positive self-concept and higher self-esteem, then we can feel great confidence in our selves that lead us to great success and inner satisfaction. Children are future of nation. So if children feel self worth from beginning, nation will become worthy itself. So this type of experimental studies can guide us for better mankind and better world too.

Present study has wide significance in various areas. Other than benefits to the low self-concept and low self-esteem of children, it has its own importance as mentioned below.

- 1) This study will be useful for clinical psychologists and other counselors.
- 2) The study can give light for hypnotherapists as well.
- 3) This study may point out the levels of self-concept and self-esteem in children.

### **4 Objectives of the study**

The main objectives of the present study were as under:

- 1) To study the impact of clinical hypnosis with affirmation on each of six aspects of self-concept of school going children
- 2) To study the impact of clinical hypnosis with visualization of each of six aspects of self-concept of school going children.
- 3) To study the impact of clinical hypnosis with affirmation and visualization of each of six aspects of self-concept of school going children.



- 4) To study the impact of various strategies of clinical hypnosis on each of six aspects of self-concept of school going male and female children.
- 5) To study the impact of various strategies of clinical hypnosis on each of six aspects of self-concept of school going children study in public and private school.
- 6) To study the impact of clinical hypnosis with affirmation on each of four areas of self-esteem of school going children
- 7) To study the impact of clinical hypnosis with visualization of each of four areas of self-esteem of school going children.
- 8) To study the impact of clinical hypnosis with affirmation and visualization of each of four areas of self-esteem of school going children.
- 9) To study the impact of various strategies of clinical hypnosis on each of four areas of self-esteem of school going male and female children.
- 10) To study the impact of various strategies of clinical hypnosis on each of four areas of self-esteem of school going male and female children study in public and private school.
- 11) To compare the impact of all three treatment methods.
- 12) To know whether gender and types of school play any role in regard to different methods of treatment.

In the present study, various treatment methods are used independently. Their impacts on six factors of self-concept and four factors of self-esteem were measured. Various interventional methods were compared also to find out its efficacy.

## **5 Hypotheses**

Hypothesis is usually considered as the principal instrument in research. Hypothesis may be defined as a proposition or a set of propositions' set forth as an explanation for the occurrence of some specified group of phenomena either asserted merely as a provisional conjecture to guide some investigation or accepted as highly probable in the light of established facts. In the present research self-concept and self-esteem are dependent variables and various

strategies of Hypnosis and some demographic variables like gender and types of school are independent variables. Self-concept scale has six sub scales, namely Behaviour, Intellectual and school status, Physical appearance and attributes, Anxiety, Popularity, and Happiness and satisfaction. Self-esteem scale has four sub scales, namely general, social, academic and parental. Both scales can measure total scores also. Various hypotheses regarding the relationship between various independent variables and six factors of self-concept and four factors of self-esteem can be stated as under.

### **5.1 Hypotheses about self-concept**

#### **Hypotheses about Total Self-concept**

- 1) There is no significant difference between mean Total Self-concept scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.
- 2) There is no significant interactive effect of gender and treatment on mean Total Self-concept scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.
- 3) There is no significant interactive effect of types of school and treatment on mean Total Self-concept scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

#### **Hypotheses about Behaviour component of self-concept**

- 4) There is no significant difference between mean Behaviour component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.
- 5) There is no significant interactive effect of gender and treatment on mean Behaviour component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

6) There is no significant interactive effect of types of school and treatment on mean Behaviour component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

**Hypotheses about Intellectual and School Status component of self-concept**

7) There is no significant difference between mean Intellectual and School Status component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

8) There is no significant interactive effect of gender and treatment on mean Intellectual and School Status component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

9) There is no significant interactive effect of types of school and treatment on mean Intellectual and School Status component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

**Hypotheses about Physical Appearance and Attributes component of self-concept**

10) There is no significant difference between mean Physical Appearance and Attributes component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

11) There is no significant interactive effect of gender and treatment on mean Physical Appearance and Attributes component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

12) There is no significant interactive effect of types of school and treatment on mean Physical Appearance and Attributes component scores of post test among affirmation group, visualization group and affirmation and

visualization group of school going children.

#### **Hypotheses about Anxiety component of self-concept**

13) There is no significant difference between mean Anxiety component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

14) There is no significant interactive effect of gender and treatment on mean Anxiety component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

15) There is no significant interactive effect of types of school and treatment on mean Anxiety component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

#### **Hypotheses about Popularity component of self-concept**

16) There is no significant difference between mean Popularity component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

17) There is no significant interactive effect of gender and treatment on mean Popularity component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

18) There is no significant interactive effect of types of school and treatment on mean Popularity component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

#### **Hypotheses about Happiness and Satisfaction component of self-concept**

19) There is no significant difference between mean Happiness and Satisfaction component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

20) There is no significant interactive effect of gender and treatment on mean Happiness and Satisfaction component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

21) There is no significant interactive effect of types of school and treatment on mean Happiness and Satisfaction component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

## **5.2 Hypotheses about Self-esteem**

### **Hypotheses about Total Self-esteem**

22) There is no significant difference between mean Total Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

23) There is no significant interactive effect of gender and treatment on mean Total Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

24) There is no significant interactive effect of types of school and treatment on mean Total Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

### **Hypotheses about General Self-esteem as an aspect of self-esteem**

25) There is no significant difference between mean General Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

26) There is no significant interactive effect of gender and treatment on mean General Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

27) There is no significant interactive effect of types of school and treatment on mean General Self-esteem scores of post test among affirmation

group, visualization group and affirmation and visualization group of school going children.

#### **Hypotheses about Social Self-esteem as an aspect of self-esteem**

28) There is no significant difference between mean Social Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

29) There is no significant interactive effect of gender and treatment on mean Social Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

30) There is no significant interactive effect of types of school and treatment on mean Social Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

#### **Hypotheses about Academic Self-esteem as an aspect of self-esteem**

31) There is no significant difference between mean Academic Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

32) There is no significant interactive effect of gender and treatment on mean Academic Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

33) There is no significant interactive effect of types of school and treatment on mean Academic Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

#### **Hypotheses about Parental Self-esteem as an aspect of self-esteem**

34) There is no significant difference between mean Parental Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

35) There is no significant interactive effect of gender and treatment on mean Parental Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

36) There is no significant interactive effect of types of school and treatment on mean Parental Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

## **6 Variables**

In the present study, 3x2x2 factorial design was used. The problem has three independent variables (1) Hypnosis strategies (2) Gender (3) Types of school. Scores of self-concept and Scores of self-esteem were taken as dependent variables.

### **6.1 Independent variables**

There are two types of independent variables D'Amato (1970).

(1) E-Type

(2) S-Type

E-Type:

There was one E-Type independent variable. It was the hypnosis treatment, which had three levels.

1 Affirmation

2 Visualization

3 Affirmations and visualization

S-Type:

In the present study, these three demographic variables namely gender and types of school were S-Type of independent variables.

Here, independent variable means those variables, which were manipulated or varied at different levels in order to study their effects.

1. Hypnosis
  - 3 levels-
    - 1 Affirmation
    - 2 Visualization
    - 3 Affirmations and visualization
2. Gender
  - 2 levels-
    1. Male
    2. Female
3. Types of school
  - 2 levels-
    1. Private
    2. Public

## **6.2 Dependent variables**

### **1) The total scores on the scale and the subscales of self-concept scale.**

There were six subscales-

- 1 Behaviour
- 2 Intellectual and school status
- 3 Physical appearance and attributes
- 4 Anxiety
- 5 Popularity
- 6 Happiness and satisfaction

### **2) The total scores on the scale and the subscales of Battele's self-esteem inventory.**

There were four subscales-

- 1 General self-esteem
- 2 Social self-esteem
- 3 Academic self-esteem
- 4 Parental self-esteem

## **6.3 Controlled variables**

- 1) Number of participants in each treatment group was equal.
- 2) There was equal time interval for all the three levels of treatment.



- 3) Different intervention treatments were given to the different groups.
- 4) Only urban area of study for all children.
- 5) Only Gujarati medium of study for all children.

In present research work, the nature of the variables is given in the following table.

**Table 3.0**  
**Nature of Variables**

No	Names of Variables	Nature of Variables	Numbers of Levels	Names of Levels
1	Hypnosis	Independent	3	1 Affirmations 2 Visualization 3 Affirmations and visualization
2	Gender	Independent	2	1 Male 2 Female
3	Types of School	Independent	2	1 Private 2 Public
4	Self-concept	Dependent	6	1 Score on Behaviour 2 Score on Intellectual and school status 3 Score on Physical appearance and attributes 4 Score on Anxiety 5 Score on Popularity 6 Score on Happiness and satisfaction
5	Self-esteem	Dependent	4	1 Score on General Self-esteem 2 Score on Social Self-esteem 3 Score on Academic Self-esteem 4 Score on Parental Self-esteem

## **7 Experimental design**

In the present study, pre test-post test design is used. The subjects voluntarily selected for the type of treatment (Affirmations, Visualization, Affirmations and visualization). In the present study, Quasy experimental design was used.

There were three levels of treatment groups in this experimental design namely-

- 1) Affirmations Administered Group
- 2) Visualization Administered Group
- 3) Affirmations and visualization Administered Group (combine treatment group)

## **8 Sample**

Sampling may be defined as the selection of some part of an aggregate or totality on the basis of which a judgment or inference about the aggregate or totality is made. The basic sample was purposive i.e. the children were included in this experiment but the distribution of the children among the three groups were randomized.

The present research work conducted on 360 children. The random sampling technique used for the selection of samples. The children were selected from various schools of Porbandar city, such as Ghediya school, Lakhani school, Kadiya plot pay center school, Rupaliba school and Ramba school. Numbers of male and female children were maintained equally as per the design of the research.

The total sample is categorized as under

**Table 3.1**

### **Nature of sample**

A= Hypnosis, A 1 Affirmations- A 2 Visualization- A 3 Affirmations and Visualization

B= Gender, B 1 male- B 2 female

C= Types of school, C 1 private- C 2 public

	A1 CHA		A2 CHV		A3 CHAV		
	B1 male	B2 female	B1 male	B2 female	B1 male	B2 female	Total
C1 Private school	30	30	30	30	30	30	180
C2 Public school	30	30	30	30	30	30	180
Total	60	60	60	60	60	60	360

Clinical hypnosis with affirmations -CH

Clinical hypnosis with visualization -CHV

Clinical hypnosis with affirmations and visualization- CH

## 9 Tools

Following tools used in present study.

1) To study the aspects of self-concept, Mr.S.P. Ahluwalia's (1986) children self-concept scale-CSCS was used. It measures six aspects regarding self-concept like behaviour, intellectual and school status, physical appearance and attributes, anxiety, popularity, happiness and satisfaction.

2) To study the areas of self-esteem, Mr.Anandkumar-Battle's self-esteem inventory for children-SEIC was used. It measures four areas regarding self-esteem like general, social, academic and parental.

3) Personal Data Sheet

### 9.1 Children's self-concept scale (cscs)

By Dr. S.P. Ahluwalia, Retired Professor and Head, Faculty of Education, University of Sagar, M.P.

Children's self-concept scale has been constructed, developed and standardized using the Translation – Back Translation Method under the able and scholarly Stewardship of Dr. Ellen V. Piers. The present scale has been

prepared after the well known piers- Harris, children's self-concept scale (1969).

The test contains eighty items in all with 'Yes' or 'No' responses. It includes fourteen lie items to detect whether the children have filled it accurately or not. It is verbal paper-pencil test. The six sub-scales which are included in self-concept scale are considered to be important in the psychological world of childhood and adolescence. The names of these sub-scales have been given in table.

**Table 3.2**

**The six sub-scales of the CSCS**

Sr. No.	Name of the sub-scales
1	Behaviour
2	Intellectual and school status
3	Physical appearance and attributes
4	Anxiety
5	Popularity
6	Happiness and satisfaction

The scale items are scored in a positive or negative direction to reflect the evaluation dimension. A high score on the scale is presumed to indicate a favorable self-concept, which is interchangeable with the term "self-esteem" or "self-regard."

**Scoring procedure**

The scoring procedure for self-concept scale is simple. The items are scored in the direction of high self-concept according to the scoring stencil. One score is to be awarded to each statement either for 'Yes' or 'No' as described in table below. The total self-concept score can be obtained by adding scores of all the six areas, which can be used as a total self-concept score.

**Table 3.3****Details of scoring procedure**

Sr. No.	Area of Self-concept	Response	Item No.
1	Behaviour	Yes No	12* 4, 13, 14, 22, 25, 31, 32, 34, 56, 59*, 64, 67, 76, 78, 80
2	Intellectual and school status	Yes No	5, 21, 27*, 30, 33*+, 42, 49, 57*, 70 7*, 9, 11*, 12, 16, 17, 26, 53, 66
3	Physical appearance and attributes	Yes No	15, 27, 41, 49, 54, 55*, 57, 60, 63, 72 8*, 29
4	Anxiety	Yes No	44, 55 6, 7, 8, 10, 20, 28, 37, 40*, 74, 79
5	Popularity	Yes No	33, 49, 51, 57, 69 1, 3, 11, 40, 46, 58, 77
6	Happiness and satisfaction	Yes No	2, 8, 36, 39, 52 38, 50, 59
	Lie Score Items		18, 19, 23, 24, 35, 43, 45, 47, 48, 61, 62, 62, 65, 68, 71, 72, 75

\* Some of the items measure more than one area. As such their score is to be added to respective sub-scales in which they have appeared.

The maximum score for the scale can be 78, whereas the minimum score can be zero

**Table 3.4**  
**Maximum and minimum possible scores on different sub-scales**

Sr. No.	Area of Self-concept	Possible Score	
		Maximum	Minimum
1	Behaviour	16	0
2	Intellectual and school status	18	0
3	Physical appearance and attributes	12	0
4	Anxiety	12	0
5	Popularity	12	0
6	Happiness and satisfaction	08	0
	Total Score	78	0

As some of the items measure more than one component of self-concept, their score is to be added to each sub-scale in which they have appeared.

**Table 3.5**  
**Reliability**

The test- retest and split-half reliability method was used as an index of reliability which has been reported in table below.

Sample	Age	Sex	No	Index	Coefficient
Middle school	12 years	Male	330	Test-Retest	.83
High school	14 years	Female	380	Test-Retest	.88
Higher secondary school	15 years	Male	470	Split half	.74
Higher secondary school	15 years	Female	590	Split half	.79

The coefficient of correlations reported in Table, are significant beyond .01 level of confidence. This indicates that this self-concept scale is quite reliable as the obtained reliability coefficients are adequately high.

## Validity

The validity of the self-concept scale has been determined in three ways:

(1) Face validity- The content validity of the self-concept scale was determined by "Translation and Back Translation method". The instrument has face and content validity of high order.

(2) Concurrent validity- In order to ascertain concurrent validity of the self-concept scale, the scores from each sub-scale was inter-correlated. These values have been presented in Table below.

**Table 3.6**  
**Matrix of inter-correlation between various elements of self-concept. (n=239)**  
**Dimensions of self-concept.**

	A	B	C	D	E	F
A	-	.504	.433	.539	.512	.540
B	.504	-	.621	.621	.517	.384
C	.433	.621	-	.412	.427	.453
D	.539	.512	.412	-	.397	.451
E	.512	.517	.427	.397	-	.400
F	.540	.384.	.453	.451	.400	-

All the correlations are significant beyond .1 levels.

(3) Factorial validity- The structure of the original scale was investigated on the six grade levels by means of a multiple factor analysis. For this purpose a sample of 457 sixty graders was used. Responses to the 80 items of the scale were placed in matrix and were Intercorrelated. A principal component analysis was made using unities in diagonals.

## Administration and scoring

Time Requirement- Only 15 to 20 minutes are usually required to administer the scale, but as a rule being a power test there is no limit of time on this scale or its six sub-scales.

Grade Level- The scale has been used successfully for children and adolescents who can read and write, of school classes from 3 to class12. Because of difficulties in reading, in primary school classes instructions and

items should always to be read aloud by the test administrator. From class 9th onward only instructions need not to be read aloud.

## **9.2 Battle's self-esteem inventory for children (SEIC)**

By Dr. Anand Kumar, Reader, Department of Psychology, Kashi Vidyapeeth University, Varanasi.

Self-esteem inventory for children (SEIC) was developed in the course of several years' work of Battle (1972-79) with students and clients. This Inventory was standardized on boys and girls in grades three through nine, but has been used successfully to assess high school pupils as well. The Inventory, which can be administered in a group or individually to students over a wide age range, can be administered in a group or individually to students over a wide age range, can be administered and scored in 15-20 minutes.

### **Description**

SEI for children contains 50 items and the following subscales have been given in table.

**Table 3.7**  
**The four sub-scales of the SEIC**

Sr. No.	Name of the sub-scales
1	General Self-esteem
2	Social Self-esteem
3	Academic Self-esteem
4	Parental Self-esteem

The items in the instrument are divided into groups: those which indicate high self-esteem, and those which indicate low self-esteem. The individual checks each item either "Yes" or "No". The Self-esteem score is the total number of items checked which indicates high self-esteem. There are 20 items on General self-esteem, 10 items on Social self-esteem, 10 items on Academic self-esteem, and 10 items on Parental self-esteem. SEI for Children was taken in its original for Indian adaptation with help of Indian psychologists and experts.



**Table 3.8**  
**Reliability**

Indian adaptation of the SEIC was administered on randomly selected sample of 300 school students (150 males and 150 females). The age range of the subjects was 8 to 15 years. In order to obtain test retest reliability, it was re-administered to the same group after an interval of 6 weeks. It may be evident from the following Table.

Method	Sex	N	r	Index of reliability
Spilt- half	Male	150	.85	.92
	Female	150	.86	.93
Test-retest	Male	150	.81	.90
	Female	150	.84	.92

#### **Validity**

(1) Content validity: Content validity was built into the SEIC by

- (1) Developing a construct definition of self-esteem
- (2) By writing items intended to cover all areas of the construct.

The 50 items of the SEIC are most discriminative ones and factor analysis described by Battle (1977) indicates that the items in the scale posses acceptable internal consistency.

(2) Concurrent validity: In 1977, Battle conducted a comparative study of Self-esteem inventory for children and Stanley Coopersmith's (1967) Self-Esteem Inventory. Finding of the study reveals that the correlations between the two instruments were significant for all grade levels and when male and female scores were compared. Correlations for the total sample ranged from .71 to .80, values for boys ranged from .72 to .84 for girls from .66 to .91. Self-Esteem Inventory for children also correlates favorably with other measures of personality including A.T. Beck's Depression Inventory (Battle,1980) and Minnesota Multiphasic Personality Inventory (MMPI) (Battle, 1979).

## Administration

Self-esteem inventory for children (SEIC) is a self administrating test and can be administered individually or in groups. Individual and oral administrations are effective for children in primary class, visually impaired and for handicapped clients who can not respond to stimulus items without help. Written or oral administration of this self-esteem inventory generally takes 10 to 15 minutes only.

## Scoring

Scores for this inventory are derived by totaling the number of items checked which indicate high self-esteem. Maximum score may be 50 and minimum being 0. In addition to the total scores, separate scores for the each subscale should be computed. Analysis of each subscale tends to provide additional information. For each item score 1 should be given to the following responses:

**Table 3.9**  
**Scoring**

General		Social		Academic		Parental	
Item no.	Response	Item no.	Response	Item no.	Response	Item no.	Response
1	NO	2	YES	4	YES	5	YES
3	NO	7	NO	8	NO	9	NO
6	NO	12	NO	16	YES	13	NO
10	YES	20	YES	22	NO	17	YES
11	NO	25	YES	26	NO	24	NO
14	YES	30	NO	31	YES	28	NO
15	YES	33	YES	34	NO	36	YES
18	NO	39	NO	41	YES	43	NO
19	NO	44	YES	45	NO	46	YES
21	YES	47	NO	48	YES	49	NO
23	NO						
27	NO						
29	YES						
32	NO						

35	NO						
37	YES						
38	YES						
40	YES						
42	YES						
50	NO						

**Table 3.10**

**Norms: Classification of the scores**

score	Classification
46+	Very high
40- 45	High
24- 39	Intermediate
13- 23	Low
12-	Very low

**Table 3.11**

**Classification of the subscale scores**

Scale	Very high	High	Intermediate	Low	Very low
General	17+	14- 16	10-13	7-9	6-
Social	9+	7- 8	5-6	3-4	2-
Academic	9+	7- 8	5-6	3-4	2-
Parental	9+	7- 8	5-6	3-4	2-

It is advised to the user of this inventory to prepare his own norms on local sample however; the following norms have been prepared by author of the test on 400 boys and 400 girls whose age ranges from 8 to 15 years.

## **9 Personal data sheet**

Personal Data Sheet comprises of subjects information i.e. name, birth date, age, sex, race & religion, education, name of the school, occupation of father, occupation of mother, monthly family income, type of family (joint/nuclear), area of residence, etc.

## **10 Procedure**

The whole procedure of the study is discussed below.

The task of data collection begins after a research problem has been defined and research design chalked out. In the present research, the pre-post experimental design was followed. Total 360 subjects were selected. A special room in the school was selected for hypnosis. This is because every place has its own vibration and if a particular place use for hypnosis, the atmosphere of that place charges with energy and becomes helpful in which one can go deeper more easily.

This study was done on twelve different groups. 30 male and 30 females children from private school were given clinical hypnosis affirmations treatment for the duration of 5 months. Same way, 30 male and 30 female children from public school were given clinical hypnosis affirmations treatment for the same duration. And 30 male and 30 female children from private school were given clinical hypnosis visualization treatment for the duration of 5 months. Same way, 30 male and 30 female children from public school were given clinical hypnosis visualization treatment for the same duration. And 30 male and 30 female children from private school were given clinical hypnosis affirmations and visualization treatment for the duration of 5 months. Same way, 30 male and 30 female children from public school were given clinical hypnosis affirmations and visualization treatment for the same duration.

All subjects were given self-concept scale and self-esteem inventory to measure its levels before and after treatment. The effect of treatments was measured on the basis of scores on self-concept scale and self-esteem inventory according to pre-post design.

In short, first of all pre-test was conducted, then intervention was taken place and finally post-test was conducted.

### **10.1 Selection of sample**

The basic sample was purposive i.e. the children were included in this experiment but the distribution of the children among the three groups were randomized.

The present research work conducted on 360 children. The children were selected from various schools of Porbandar city, such as Ghediya school

and Lakhani school (Private), Kadiya plot pay center school, Rupaliba school and Ramba school (Public). Numbers of male and female children were maintained equally as per the design of the research.

### **10.2 Administration of scale**

For getting scores of self-concept and self-esteem, investigator instructed subjects properly. They were administered these two scales before and after three kind of treatments independently.

Each the 360 subjects under the study were administered Personal Data Sheet and the comprehensive questionnaire (self-concept scale-CSCS and Battle's self-esteem inventory) individually and separately at above said places.

All subjects were administered self-concept scale and self-esteem inventory before and after treatments. The duration was maintained same as twice in a week for 5 months for the administration of various treatments.

### **10.2 Hypnosis administration**

Subjects were selected randomly for the application of clinical hypnosis. The general tendency of trance level can be classified into three levels i.e. 1. Light, 2. Medium and 3. Deep level.

In present study subjects were identified the level of trance by ideo motor suggestions. They were asked to raise the arm and not allowed to put it down even if they try.

Around 50 percent subjects experienced deep trance i.e. 180 subjects, 30 percent subjects experienced medium trance i.e. 108 subjects. And 20 percent subjects experienced light trance i.e. 72 subjects.

Clinically light trance is considered enough for therapeutic use. So, all trance levels were considered for administration of clinical hypnosis.

The therapy started with relaxation in quiet room. After achieving relaxation, the children were given positive affirmation for enhancing self-concept and self-esteem. In their routine life, all the subjects were given a common suggestion format. This was a procedure for affirmation group. In visualization group, after achieving relaxation, the children were given creative visualization

session for enhancing self-concept and self-esteem. Same way, after achieving relaxation, the children were given positive affirmation and creative visualization for enhancing self-concept and self-esteem in affirmation and visualization group.

Two hypnotic sessions of 20 to 25 minutes were given one by one in relevant groups in every week for 5 months at their school.

## **11 Statistical analyses**

Necessary descriptive and inferential statistics were used to analyze the obtained data of 360 children.

### **11.1 Descriptive Statistics**

In the descriptive statistics, the means and standard deviations were calculated for the total score on the self-concept scale and Battle's self-esteem inventory and scores for the subscales of the tools.

### **11.2 Inferential Statistics**

For testing the hypotheses of the present study, analysis of covariance (ANCOVA) was applied. In this application the calculation of F ratios for the main and interactive effects of the independent variable were carried out. The pretest score was a covariate in the ANCOVA.

While applying the ANCOVA technique, the influence of uncontrolled variable is usually removed by simple linear regression method and the residual sums of squares are used to provide variance estimates which in turn are used to make tests of significance.

All these results have been summarized, tabulated and discussed in details in the fourth chapter.

## **CHAPTER-4**

### **RESULTS AND DISCUSSION**

- 1 Introduction
- 2 Results and discussions on Self-concept
  - 2.1 Results and discussion on Total Self-concept
    - 2.1.1 Effects of treatment on total self-concept
    - 2.1.2 The interactive effect of gender and treatment
    - 2.1.3 The interactive effect of types of school and treatment
  - 2.2 Results and discussion on Behaviour component of self-concept
    - 2.2.1 Effects of treatment on behaviour
    - 2.2.2 The interactive effect of gender and treatment
    - 2.2.3 The interactive effect of types of school and treatment
  - 2.3 Results and discussion on Intellectual and School Status component of self-concept
    - 2.3.1 Effects of treatment on intellectual and school status
    - 2.3.2 The interactive effect of gender and treatment
    - 2.3.3 The interactive effect of types of school and treatment
  - 2.4 Results and discussion on Physical Appearance and Attributes component of self-concept
    - 2.4.1 Effects of treatment on physical appearance and attributes
    - 2.4.2 The interactive effect of gender and treatment
    - 2.4.3 The interactive effect of types of school and treatment

- 2.5 Results and discussion on Anxiety component of self-concept
  - 2.5.1 Effects of treatment on anxiety
  - 2.5.2 The interactive effect of gender and treatment
  - 2.5.3 The interactive effect of types of school and treatment
- 2.6 Results and discussion on Popularity component of self-concept
  - 2.6.1 Effects of treatment on popularity
  - 2.6.2 The interactive effect of gender and treatment
  - 2.6.3 The interactive effect of types of school and treatment
- 2.7 Results and discussion on Happiness and Satisfaction component of self-concept
  - 2.7.1 Effects of treatment on happiness and satisfaction
  - 2.7.2 The interactive effect of gender and treatment
  - 2.7.3 The interactive effect of types of school and treatment
- 3 Results and discussion on Self-esteem
  - 3.1 Results and discussion on Total Self-esteem
    - 3.1.1 Effects of treatment on total self-esteem
    - 3.1.2 The interactive effect of gender and treatment
    - 3.1.3 The interactive effect of types of school and treatment
  - 3.2 Results and discussion on General Self-esteem as an aspect of self-esteem
    - 3.2.1 Effects of treatment on general self-esteem
    - 3.2.2 The interactive effect of gender and treatment
    - 3.2.3 The interactive effect of types of school and treatment



### 3.3 Results and discussion on Social Self-esteem as an aspect of self-esteem

#### 3.3.1 Effects of treatment on social self-esteem

#### 3.3.2 The interactive effect of gender and treatment

#### 3.3.3 The interactive effect of types of school and treatment

### 3.4 Results and discussion on Academic Self-esteem as an aspect of self-esteem

#### 3.4.1 Effects of treatment on academic self-esteem

#### 3.4.2 The interactive effect of gender and treatment

#### 3.4.3 The interactive effect of types of school and treatment

### 3.5 Results and discussion on Parental Self-esteem as an aspect of self-esteem

#### 3.5.1 Effects of treatment on parental self-esteem

#### 3.5.2 The interactive effect of gender and treatment

#### 3.5.3 The interactive effect of types of school and treatment

## **CHAPTER-4**

### **RESULTS AND DISCUSSION**

#### **1 Introduction**

In the previous chapter the sample, research design, hypothesis, tools, administration of the tools and statistical analysis were described. The results of the present research will be presented, interpreted and discussed in this chapter.

The present study has been undertaken mainly to study the impact of various strategies of clinical hypnosis on self-concept and self-esteem. As stated in preceding chapter under the heads of experimental design and statistical analyze of data, treatment i.e. affirmation, visualization and combine treatment as various strategies of clinical hypnosis along with gender and types of school were taken as independent variables. Total scores on the both scale and the sub scales of self-concept inventory and self-esteem scale were considered as dependent variable.

These variables were arranged in pretest, posttest design. And in this experimental design the subjects voluntarily selected the type of treatment, so Quasy experimental design was used.

Null hypotheses regarding to six sub scales namely Behaviour, Intellectual and school status, Physical appearance and attributes, Anxiety, Popularity, and Happiness and satisfaction along with Total score of the Self-concept scale were constructed in relation to gender, types of schools and treatment. And Null hypotheses regarding to four sub scales namely General, Social, Academic and Parental along with Total score of the Self-esteem scale were constructed in relation to gender, types of schools and treatment. Particularly the results of testing the null hypotheses presented in chapter III are described and in this chapter results and discussion are presented.

Necessary descriptive and inferential statistics i.e. Analysis of co-variance (ANCOVA) was applied, In order to examine the overall significant of the contribution of variables of gender, types of school and treatment under the study to the self-concept and self-esteem scores I.e. to access main as well as interaction effects of this variable.

All the statistical results have been summarized in adequate tables and also pictorially representative in graphs, placed at the proper place. The between-subjects factors are presented in

**Table.4**

**Between-Subjects Factors**

Factor	Level	Value Label	N
Gender	1.00	Male	180
	2.00	Female	180
Types of schools	1.00	Private	180
	2.00	Public	180
Treatment	1.00	Affirmation	120
	2.00	Visualization	120
	3.00	Combine/ Both	120

## **2 Results and discussions on Self- concept**

Results and discussion regarding various components of self-concept stated below.

### **2.1 Results and discussion of Total Self-concept**

There were three null hypotheses regarding the total self-concept i.e. null hypotheses No 1 to 3.

For testing these null hypotheses the statistical technique of ANCOVA was applied. In this ANCOVA the dependent variable was the scores on the post-test of total self-concept and main independent variables were treatment, gender and types of school. SPSS was used to analyze the data for ANCOVA. All the possible interactive effects were tested too. All the descriptive statistics are presented in table 4.1. The results of the ANCOVA for the total self-concept is presented in table 4.1.A

**Table: 4.1**

## Descriptive Statistics

Dependent Variable: TSC.POST

GENDER	SCHOOL	TREATMENT	Mean	Std. Deviation	N
1.00	1.00	1.00	64.5667	4.2966	30
		2.00	63.5333	6.2738	30
		3.00	64.2333	4.8543	30
		Total	64.1111	5.1678	90
	2.00	1.00	60.7000	5.1538	30
		2.00	62.0667	6.2142	30
		3.00	59.4333	6.2681	30
		Total	60.7333	5.9337	90
	Total	1.00	62.6333	5.0923	60
		2.00	62.8000	6.2349	60
		3.00	61.8333	6.0623	60
		Total	62.4222	5.8011	180
2.00	1.00	1.00	65.4333	4.0402	30
		2.00	65.9000	3.9159	30
		3.00	65.6000	3.1139	30
		Total	65.6444	3.6760	90
	2.00	1.00	60.5000	7.6418	30
		2.00	60.0333	6.5888	30
		3.00	59.8333	4.3950	30
		Total	60.1222	6.2886	90
	Total	1.00	62.9667	6.5509	60
		2.00	62.9667	6.1340	60
		3.00	62.7167	4.7660	60
		Total	62.8833	5.8350	180
Total	1.00	1.00	65.0000	4.1579	60
		2.00	64.7167	5.3205	60
		3.00	64.9167	4.1016	60
		Total	64.8778	4.5374	180
	2.00	1.00	60.6000	6.4629	60
		2.00	61.0500	6.4320	60
		3.00	59.6333	5.3709	60
		Total	60.4278	6.1043	180
	Total	1.00	62.8000	5.8448	120
		2.00	62.8833	6.1592	120
		3.00	62.2750	5.4479	120
		Total	62.6528	5.8146	360

**Table: 4.1.A****Tests of Between-Subjects Effects****Dependent Variable: TSC.POST**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	6092.796 <sup>a</sup>	12	507.733	29.146	.000
Intercept	8065.174	1	8065.174	462.979	.000
TSC.PRE	4056.832	1	4056.832	232.881	.000
GENDER	20.844	1	20.844	1.197	.275
SCHOOL	406.314	1	406.314	23.324	.000
TREATMENT	73.949	2	36.975	2.123	.121
GENDER * SCHOOL	12.475	1	12.475	.716	.398
GENDER * TREATMENT	33.926	2	16.963	.974	.379
SCHOOL * TREATMENT	32.954	2	16.477	.946	.389
GENDER * SCHOOL * TREATMENT	41.338	2	20.669	1.187	.307
Error	6044.801	347	17.420		
Total	1425271.000	360			
Corrected Total	12137.597	359			

a. R Squared = .502 (Adjusted R Squared = .485)

**2.1.1 Effects of treatment on Total Self-concept**

The hypothesis no.1 of the study was "There is no significant difference between mean Total Self-concept scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.1.A shows that the F ratio for the treatment effect was 2.123 and it was not significant at 0.05 levels. Hence hypothesis no.1 was retained. It can be interpreted that there was no significant effect of treatment on means of Total components of self-concept.

The reason is that change in total self-concept takes place if changes occur in every component or most of the components of self-concept. Change in total self-concept takes long time. In present research changes had shown in anxiety component and popularity component out of six components of self-concept scale. So treatment had not shown any significant effect on means of Total components of self-concept measurement.

**Table: 4.1.B**

**Dependent Variable: Score on the Posttest of Total Self-Concept**  
**Estimated Marginal Means for Treatment**

**TREATMENT**

**Dependent Variable: TSC.POST**

TREATMENT <sup>1</sup>	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	63.105 <sup>a</sup>	.382	62.355	63.855
2.00	62.821 <sup>a</sup>	.381	62.072	63.571
3.00	62.032 <sup>a</sup>	.381	61.282	62.782

a. Evaluated at covariates appeared in the model: TSC.PRE = 49.9472.

It can be seen from table 4.1.B that affirmation treatment was more effective than other treatment as the mean scores of total self-concept were 63.10 and 62.82 for affirmation and the visualization treatment respectively. The mean score in Combine group was 62.03; nearly same as visualization treatment group as far as the total self-concept is concerned. But there was not significant difference regarding various treatment of clinical hypnosis on Total self-concept.

### **2.1.2 The interactive effect of gender and treatment**

The hypothesis no.2 of the study was “There is no significant interactive effect of gender and treatment on mean Total Self-concept scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.1.A shows that the F ratio for interactive effect of gender and treatment was .974 and it was not significant at 0.05 levels. Hence hypothesis no.2 was retained. It can be interpreted that there was no significant interactive effect of gender and treatment on means of total components of self-concept.

This means that administration of interactive effect of gender and treatment had not significant effect on total self-concept. It can be seen in table no. 4.2 and 4.2.A respectively.

**Table: 4.2****GENDER**

Dependent Variable: TSC.POST

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	62.412 <sup>a</sup>	.311	61.800	63.024
2.00	62.893 <sup>a</sup>	.311	62.282	63.505

a. Evaluated at covariates appeared in the model: TSC.PRE = 49.9472.

**Table: 4.2.A****GENDER \* TREATMENT**

Dependent Variable: TSC.POST

GENDER	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	63.064 <sup>a</sup>	.540	62.002	64.125
	2.00	62.816 <sup>a</sup>	.539	61.756	63.876
	3.00	61.357 <sup>a</sup>	.540	60.296	62.419
2.00	1.00	63.147 <sup>a</sup>	.539	62.086	64.207
	2.00	62.827 <sup>a</sup>	.539	61.767	63.887
	3.00	62.707 <sup>a</sup>	.539	61.647	63.766

a. Evaluated at covariates appeared in the model: TSC.PRE = 49.9472.

It can be seen from table 4.2 that female had high mean score than male as the mean scores of total self-concept were 62.41 and 62.89 for Male and the Female respectively. There was not significant difference regarding only gender but there was not significant difference regarding interactive effect of gender and treatment on total self-concept too.

It can be seen from table 4.2.A that in Male group affirmation treatment was more effective than other treatment as the mean scores of total self-concept were 63.06 and 62.81 for affirmation and the visualization treatment respectively. The mean score in combine treatment group was 61.35 as far as the total self-concept is concerned. And there was no significant difference regarding various treatment of clinical hypnosis on total self-concept.

In Female group also affirmation treatment was more effective than other treatment as the mean scores of total self-concept were 63.14 and 62.82 for affirmation and the visualization treatment respectively. The mean score in

combine treatment group was 62.70 as far as the total self-concept is concerned. And there was no significant difference regarding various treatment of clinical hypnosis on total self-concept.

### 2.1.3 The interactive effect of types of school and treatment

The hypothesis no.3 of the study was “There is no significant interactive effect of types of school and treatment on mean Total Self-concept scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.1.A shows that the F ratio for interactive effect of school and treatment was .946 and it was not significant at 0.05 levels. Hence hypothesis no.3 was retained. It can be interpreted that there was no significant interactive effect of types of school and treatment on means of total components of self-concept.

**Table: 4.3**

SCHOOL

Dependent Variable: TSC.POST

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	63.771 <sup>a</sup>	.319	63.143	64.400
2.00	61.534 <sup>a</sup>	.319	60.906	62.162

a. Evaluated at covariates appeared in the model: TSC.PRE = 49.9472.

**Table: 4.3.A**

SCHOOL \* TREATMENT

Dependent Variable: TSC.POST

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	64.653 <sup>a</sup>	.539	63.593	65.714
	2.00	63.740 <sup>a</sup>	.543	62.673	64.807
	3.00	62.921 <sup>a</sup>	.554	61.831	64.012
2.00	1.00	61.557 <sup>a</sup>	.542	60.490	62.624
	2.00	61.903 <sup>a</sup>	.542	60.838	62.969
	3.00	61.143 <sup>a</sup>	.548	60.065	62.220

a. Evaluated at covariates appeared in the model: TSC.PRE = 49.9472.



As the table 1.A shows types of school had independently produced significant effect on total self-concept measurement but in interaction with treatment, and treatment itself has no significant effect.

It can be seen from table 4.3 that private school had high mean score than public school as the mean scores of total self-concept were 63.77 and 61.53 for private and the public school respectively. There was not significant difference regarding interactive effect of types of school and treatment but there was significant difference regarding only types of school on total self-concept.

It can be seen from table 4.3.A that in private school group, Affirmation treatment was more effective than other treatment as the mean scores of total self-concept were 64.65 and 63.74 for Affirmation and Visualization treatment group respectively. The mean score in Combine treatment group was 62.92 as far as the total self-concept is concerned.

But in public school group, Visualization treatment was more effective than other treatment as the mean scores of total self-concept were 61.90 and 61.55 for the Visualization and Affirmation treatment respectively. The mean score in Combine group was 61.14 as far as the total self-concept is concerned. And there was significant not difference regarding various treatment of clinical hypnosis and interactive effect of gender and treatment on total component of self-concept.

The reason might be that children of private school might have got special facilities , training and attention personally than public school, which is very necessary for modification of behaviour therefore types of school has shown significant effect on total self-concept measurement.

Thus, it can be seen by testing hypotheses no. 1, 2 and 3, that treatment and gender have no significant effect on total self-concept. But types of school itself have significant effect on total self-concept.

## 2.2 Results and discussion of Behaviour component of self-concept

There were three null hypotheses regarding the behaviour component of self-concept i.e. null hypotheses No 4 to 6.

For testing these null hypotheses the statistical technique of ANCOVA was applied. In this ANCOVA the dependent variable was the scores on the post-test of behaviour and main independent variables were treatment, gender and types of school.

SPSS was used to analyze the data for ANCOVA. All the possible interactive effects were tested too. The result of the ANCOVA for the Behaviour component of self-concept is presented in table 4.4. All the descriptive statistics are presented in table 4.4.A.

**Table: 4.4**

Tests of Between-Subjects Effects

Dependent Variable: BEH.POST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	351.095 <sup>a</sup>	12	29.258	13.347	.000
Intercept	930.323	1	930.323	424.386	.000
BEH.PRE	165.686	1	165.686	75.581	.000
GENDER	1.132	1	1.132	.516	.473
SCHOOL	111.004	1	111.004	50.637	.000
TREATMENT	2.038	2	1.019	.465	.629
GENDER * SCHOOL	4.128E-02	1	4.128E-02	.019	.891
GENDER * TREATMENT	19.164	2	9.582	4.371	.013
SCHOOL * TREATMENT	2.367	2	1.184	.540	.583
GENDER * SCHOOL * TREATMENT	1.102	2	.551	.251	.778
Error	760.680	347	2.192		
Total	54183.000	360			
Corrected Total	1111.775	359			

a. R Squared = .316 (Adjusted R Squared = .292)

**Table: 4.4.A****Descriptive Statistics****Dependent Variable: BEH.POST**

<b>GENDER</b>	<b>SCHOOL</b>	<b>TREATMENT</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>N</b>
<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	12.2333	1.3817	30
		<b>2.00</b>	12.4333	1.8696	30
		<b>3.00</b>	13.0000	1.3896	30
		<b>Total</b>	12.5556	1.5802	90
	<b>2.00</b>	<b>1.00</b>	11.5667	1.1351	30
		<b>2.00</b>	12.2333	1.5906	30
		<b>3.00</b>	11.3667	1.8096	30
		<b>Total</b>	11.7222	1.5653	90
	<b>Total</b>	<b>1.00</b>	11.9000	1.2980	60
		<b>2.00</b>	12.3333	1.7239	60
		<b>3.00</b>	12.1833	1.7992	60
		<b>Total</b>	12.1389	1.6230	180
<b>2.00</b>	<b>1.00</b>	<b>1.00</b>	13.2333	1.2229	30
		<b>2.00</b>	12.8000	1.2972	30
		<b>3.00</b>	12.8000	1.1861	30
		<b>Total</b>	12.9444	1.2394	90
	<b>2.00</b>	<b>1.00</b>	11.6000	2.3723	30
		<b>2.00</b>	10.8000	2.4126	30
		<b>3.00</b>	11.6333	1.2172	30
		<b>Total</b>	11.3444	2.0888	90
	<b>Total</b>	<b>1.00</b>	12.4167	2.0444	60
		<b>2.00</b>	11.8000	2.1691	60
		<b>3.00</b>	12.2167	1.3288	60
		<b>Total</b>	12.1444	1.8912	180
<b>Total</b>	<b>1.00</b>	<b>1.00</b>	12.7333	1.3884	60
		<b>2.00</b>	12.6167	1.6060	60
		<b>3.00</b>	12.9000	1.2849	60
		<b>Total</b>	12.7500	1.4294	180
	<b>2.00</b>	<b>1.00</b>	11.5833	1.8438	60
		<b>2.00</b>	11.5167	2.1510	60
		<b>3.00</b>	11.5000	1.5349	60
		<b>Total</b>	11.5333	1.8503	180
	<b>Total</b>	<b>1.00</b>	12.1583	1.7247	120
		<b>2.00</b>	12.0667	1.9692	120
		<b>3.00</b>	12.2000	1.5750	120
		<b>Total</b>	12.1417	1.7598	360

**2.2.1 Effects of treatment on Behaviour**

The hypothesis no.4 of the study was "There is no significant difference between mean Behaviour component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.4 shows that the F ratio for the treatment effect was .465 and it was not significant at 0.05 levels. Hence hypothesis no.4 was retained. It can be interpreted that there was no significant effect of treatment on behaviour component of self-concept means.

The reason might be that change in behaviour takes place after change in reaction towards stimulus. Change in behaviour takes long time. First change occurs in thoughts, then feelings and lastly change occurs in behaviour or outer level. Change in behaviour can see, if therapist gives treatment for long period. Change occurs after long period of systematic desensitization in behaviour therapy too. Hence technique regarding conscious level like cognitive behaviour therapy may become more useful for change in behaviour. So treatment had not shown any significant effect in behaviour component of self-concept measurement.

**Table: 4.4.B**

**Dependent Variable: Score on the Posttest of Behaviour**

**Estimated Marginal Means for Treatment**

Dependent Variable: BEH.POST				
TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	12.248 <sup>a</sup>	.136	11.982	12.515
2.00	12.081 <sup>a</sup>	.135	11.815	12.347
3.00	12.096 <sup>a</sup>	.136	11.829	12.363

a. Evaluated at covariates appeared in the model: BEH.PRE = 9.7972.

It can be seen from table 4.4.B that affirmation treatment was more effective than other treatment as the mean scores of behaviour were 12.24 and 12.09 for affirmation and the combine treatment respectively. Visualization group was nearly same as combine treatment group as far as the behaviour is concerned. But there was not significant difference regarding various treatment of clinical hypnosis on behaviour component of self-concept.

### **2.2.2 The interactive effect of gender and treatment**

The hypothesis no.5 of the study was “There is no significant interactive effect of gender and treatment on mean Behaviour component scores of post test

among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.4 shows that the F ratio for interactive effect of gender and treatment was 4.37 and it was significant at 0.05 levels. So the null hypothesis no.5 of the study was rejected and it was interpreted that interactive effect of gender and treatment was effective for the behaviour component of self-concept.

This means that administration of interactive effect of gender and treatment had significant effect on behaviour component of self-concept. It can be seen in table no. 4.5 and 4.5.A respectively.

**Table: 4.5**

**GENDER**

**Dependent Variable: BEH.POST**

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	12.085 <sup>a</sup>	.111	11.868	12.303
2.00	12.198 <sup>a</sup>	.111	11.981	12.415

a. Evaluated at covariates appeared in the model: BEH.PRE = 9.7972.

**Table 4.5.A**

**GENDER \* TREATMENT**

**Dependent Variable: BEH.POST**

GENDER	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	11.887 <sup>a</sup>	.191	11.511	12.263
	2.00	12.278 <sup>a</sup>	.191	11.902	12.654
	3.00	12.092 <sup>a</sup>	.191	11.715	12.468
2.00	1.00	12.609 <sup>a</sup>	.192	12.231	12.988
	2.00	11.884 <sup>a</sup>	.191	11.507	12.260
	3.00	12.101 <sup>a</sup>	.192	11.724	12.478

a. Evaluated at covariates appeared in the model: BEH.PRE = 9.7972.

It can be seen from table 4.5 that female had high mean score than male as the mean scores of behaviour were 12.08 and 12.19 for Male and the Female respectively. There was not significant difference regarding only gender. There was significant difference regarding interactive effect of gender and treatment on behaviour.

It can be seen from table 4.5.A that in Male group Visualization treatment was more effective than other treatment as the mean scores of behaviour were 12.27 and 12.09 for Visualization and the combine treatment respectively. The mean score in Affirmation group was 11.88 as far as the behaviour is concerned. And there was significant difference regarding various treatment of clinical hypnosis on behaviour component of self-concept.

But in Female group Affirmation treatment was more effective than other treatment as the mean scores of behaviour were 12.60 and 12.10 for the combine treatment respectively. The mean score in Visualization group was 11.88 as far as the behaviour is concerned. And there was significant difference regarding various treatment of clinical hypnosis on behaviour component of self-concept.

Forester-Miller (1999) researched a psychotherapy group consisting of women and the effect of self-hypnosis on their self-concept. The women's group was taught to use self-hypnosis to promote emotional, physiological, and psychological improvement. The women reported improved self-concept with the use of self-hypnosis. The reason might be that Male likes Visualization most rather than Affirmation because Visualization is like mother touch treatment, which the male likes most. And Female likes Affirmation most rather than Visualization because Visualization is like father touch treatment, female likes most. Females are habituated to obey command very easily so Female likes Affirmation treatment most.

### **2.2.3 The interactive effect of Types of school and treatment**

The hypothesis no.6 of the study was "There is no significant interactive effect of types of school and treatment on mean Behaviour component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4 shows that the F ratio for the interactive effect of school and treatment effect was .540 and it was not significant at 0.05 levels. Hence hypothesis no.6 was retained. It can be interpreted that there was significant interactive effect of types of school and treatment on behaviour component of self-concept means.

**Table: 4.6**

SCHOOL

Dependent Variable: BEH.POST

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	12.699 <sup>a</sup>	.111	12.481	12.916
2.00	11.585 <sup>a</sup>	.111	11.367	11.802

a. Evaluated at covariates appeared in the model: BEH.PRE = 9.7972.

**Table: 4.6.A**

SCHOOL \* TREATMENT

Dependent Variable: BEH.POST

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	12.896 <sup>a</sup>	.192	12.518	13.273
	2.00	12.531 <sup>a</sup>	.191	12.154	12.907
	3.00	12.669 <sup>a</sup>	.193	12.289	13.049
2.00	1.00	11.600 <sup>a</sup>	.191	11.225	11.976
	2.00	11.631 <sup>a</sup>	.192	11.254	12.007
	3.00	11.523 <sup>a</sup>	.191	11.147	11.899

a. Evaluated at covariates appeared in the model: BEH.PRE = 9.7972.

As the table 4.6.A shows types of school had independently produced significant effect on behaviour component of self-concept measurement but in interaction with treatment, and treatment itself has no significant effect. This means that types of school, has specific effect on behaviour component of self-concept. But interactive effect of school and treatment is not significant.

It can be seen from table 4.6 that private school had high mean score than public school as the mean scores of behaviour were 12.69 and 11.58 for private and the public school respectively. There was not significant difference regarding interactive effect of types of school and treatment but there was significant difference regarding only types of school on behaviour.

It can be seen from table 4.6.A that in private school group, Affirmation treatment was more effective than other treatment as the mean scores of behaviour were 12.89 and 12.66 for Affirmation and Combine treatment group respectively. The mean score in Visualization treatment group was 12.53 as far as the behaviour is concerned.

But in public school group, Visualization treatment was more effective than other treatment as the mean scores of behaviour were 11.63 and 11.60 for the Visualization and Affirmation treatment respectively. The mean score in Combine group was 11.52 as far as the behaviour is concerned. And there was not significant difference regarding various treatment of clinical hypnosis and interactive effect of gender and treatment on behaviour component of self-concept.

The reason might be that children of private school might have got special facilities , training and attention personally than public school, which is very necessary for modification of behaviour therefore types of school has shown significant effect on behaviour component of self-concept measurement.

Thus, it can be seen by testing hypotheses no. 4, 5 and 6 that treatment and gender have no significant effect on behaviour component of self-concept. But types of school itself and interactive effect of gender and treatment have significant effect on behaviour component of self-concept.

### **2.3 Results and discussion on Intellectual and School Status component of self-concept**

There were three null hypotheses regarding the intellectual and school status component of self-concept i.e. null hypotheses No 7 to 9.

For testing these null hypotheses the statistical technique of ANCOVA was applied. In this ANCOVA the dependent variable was the scores on the post-test of intellectual and school status and main independent variables were treatment, gender and types of school.

SPSS was used to analyze the data for ANCOVA. All the possible interactive effects were tested too. All the descriptive statistics are presented table 4.7. The result of the ANCOVA for the intellectual and school status component of self-concept is presented in table 4.7. A



**Table: 4.7**

**Descriptive Statistics**

**Dependent Variable: IQSSPOST**

<b>GENDER</b>	<b>SCHOOL</b>	<b>TREATMENT</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>N</b>
<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>13.4000</b>	<b>1.4044</b>	<b>30</b>
		<b>2.00</b>	<b>12.8333</b>	<b>2.0356</b>	<b>30</b>
		<b>3.00</b>	<b>13.0667</b>	<b>1.6802</b>	<b>30</b>
		<b>Total</b>	<b>13.1000</b>	<b>1.7226</b>	<b>90</b>
	<b>2.00</b>	<b>1.00</b>	<b>12.2667</b>	<b>1.5960</b>	<b>30</b>
		<b>2.00</b>	<b>12.3333</b>	<b>1.8257</b>	<b>30</b>
		<b>3.00</b>	<b>12.5000</b>	<b>2.2856</b>	<b>30</b>
		<b>Total</b>	<b>12.3667</b>	<b>1.9048</b>	<b>90</b>
	<b>Total</b>	<b>1.00</b>	<b>12.8333</b>	<b>1.5963</b>	<b>60</b>
		<b>2.00</b>	<b>12.5833</b>	<b>1.9336</b>	<b>60</b>
		<b>3.00</b>	<b>12.7833</b>	<b>2.0092</b>	<b>60</b>
		<b>Total</b>	<b>12.7333</b>	<b>1.8478</b>	<b>180</b>
<b>2.00</b>	<b>1.00</b>	<b>1.00</b>	<b>13.9333</b>	<b>1.5522</b>	<b>30</b>
		<b>2.00</b>	<b>13.2000</b>	<b>1.5625</b>	<b>30</b>
		<b>3.00</b>	<b>13.9333</b>	<b>1.2847</b>	<b>30</b>
		<b>Total</b>	<b>13.6889</b>	<b>1.4964</b>	<b>90</b>
	<b>2.00</b>	<b>1.00</b>	<b>12.0333</b>	<b>2.2967</b>	<b>30</b>
		<b>2.00</b>	<b>12.1667</b>	<b>2.5200</b>	<b>30</b>
		<b>3.00</b>	<b>12.5333</b>	<b>1.4320</b>	<b>30</b>
		<b>Total</b>	<b>12.2444</b>	<b>2.1216</b>	<b>90</b>
	<b>Total</b>	<b>1.00</b>	<b>12.9833</b>	<b>2.1667</b>	<b>60</b>
		<b>2.00</b>	<b>12.6833</b>	<b>2.1431</b>	<b>60</b>
		<b>3.00</b>	<b>13.2333</b>	<b>1.5223</b>	<b>60</b>
		<b>Total</b>	<b>12.9667</b>	<b>1.9688</b>	<b>180</b>
<b>Total</b>	<b>1.00</b>	<b>1.00</b>	<b>13.6667</b>	<b>1.4920</b>	<b>60</b>
		<b>2.00</b>	<b>13.0167</b>	<b>1.8086</b>	<b>60</b>
		<b>3.00</b>	<b>13.5000</b>	<b>1.5459</b>	<b>60</b>
		<b>Total</b>	<b>13.3944</b>	<b>1.6358</b>	<b>180</b>
	<b>2.00</b>	<b>1.00</b>	<b>12.1500</b>	<b>1.9643</b>	<b>60</b>
		<b>2.00</b>	<b>12.2500</b>	<b>2.1833</b>	<b>60</b>
		<b>3.00</b>	<b>12.5167</b>	<b>1.8910</b>	<b>60</b>
		<b>Total</b>	<b>12.3056</b>	<b>2.0114</b>	<b>180</b>
	<b>Total</b>	<b>1.00</b>	<b>12.9083</b>	<b>1.8965</b>	<b>120</b>
		<b>2.00</b>	<b>12.6333</b>	<b>2.0331</b>	<b>120</b>
		<b>3.00</b>	<b>13.0083</b>	<b>1.7893</b>	<b>120</b>
		<b>Total</b>	<b>12.8500</b>	<b>1.9102</b>	<b>360</b>

**Table: 4.7.A****Tests of Between-Subjects Effects****Dependent Variable: IQSSPOST**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	405.694 <sup>a</sup>	12	33.808	12.974	.000
Intercept	825.660	1	825.660	316.857	.000
IQSS.PRE	262.194	1	262.194	100.620	.000
GENDER	1.053	1	1.053	.404	.525
SCHOOL	44.468	1	44.468	17.065	.000
TREATMENT	8.906	2	4.453	1.709	.183
GENDER * SCHOOL	.145	1	.145	.056	.814
GENDER * TREATMENT	11.459	2	5.730	2.199	.112
SCHOOL * TREATMENT	16.630	2	8.315	3.191	.042
GENDER * SCHOOL * TREATMENT	9.313	2	4.657	1.787	.169
Error	904.206	347	2.606		
Total	60754.000	360			
Corrected Total	1309.900	359			

a. R Squared = .310 (Adjusted R Squared = .286)

**2.3.1 Effects of treatment on Intellectual and School Status**

The hypothesis no.7 of the study was "There is no significant difference between mean Intellectual and School Status component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.7.A shows that the F ratio for the treatment effect was 1.70 and it was not significant at 0.05 levels. Hence hypothesis no.7 was retained. It can be interpreted that there was no significant effect of treatment on intellectual and school status component of self-concept means.

The reason might be that change in Intelligence occurs through conscious efforts and practical exercises. Students have to take efforts to improve intelligence. It may not change through passive treatment. Change in Intelligence takes long time. And school status may change if students interact with each other and participate in school activities. Students have to show his intelligence in examination too. Hence technique regarding conscious level like cognitive therapy, training of memory techniques and group activities etc. may become more useful for change in intellectual and

school status. So treatment has not shown any significant effect on intellectual and school status component of self-concept measurement.

**Table: 4.7.B**

**Dependent Variable: Score on the Posttest of Intellectual and School Status**  
**Estimated Marginal Means for Treatment**

Dependent Variable: IQSSPOST				
TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	13.031 <sup>a</sup>	.148	12.740	13.322
2.00	12.647 <sup>a</sup>	.147	12.357	12.937
3.00	12.872 <sup>a</sup>	.148	12.581	13.163

a. Evaluated at covariates appeared in the model: IQSS.PRE = 10.1889.

It can be seen from table 4.7.B that affirmation treatment was more effective than other treatment as the mean scores of intellectual and school status were 13.03 and 12.87 for affirmation and the combine treatment respectively. The mean score in Visualization group was 12.64; nearly same as combine treatment group as far as the intellectual and school status is concerned. But there was not significant difference regarding various treatment of clinical hypnosis on intellectual and school status component of self-concept.

The evidence is accumulating; however, to indicate that level of school success, particularly over many years, predicts level of regard of self and one's own ability (Bridgeman & Shipman, 1978; Kifer, 1975); whereas level of self-esteem does not predict level of school achievement. The implication is that teachers need to concentrate on the academic successes and failures of their students. It is the student's history of success and failure that gives them the information with which to assess themselves.

### **2.3.2 The interactive effect of gender and treatment**

The hypothesis no.8 of the study was "There is no significant interactive effect of gender and treatment on mean Intellectual and School Status component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.7.A shows that the F ratio for interactive effect of gender and treatment was 2.19 and it was not significant at 0.05 levels. Hence hypothesis no.8 was retained. It can be interpreted that there was no significant effect of treatment on intellectual and school status component of self-concept means.

This means that administration of interactive effect of gender and treatment had significant effect on intellectual and school status component of self-concept. It can be seen in table no. 4.8 and 4.8.A respectively.

**Table: 4.8**

**GENDER**

Dependent Variable: IQSSPOST

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	12.796 <sup>a</sup>	.120	12.559	13.033
2.00	12.904 <sup>a</sup>	.120	12.667	13.141

a. Evaluated at covariates appeared in the model: IQSS.PRE = 10.1889.

**Table: 4.8.A**

**GENDER \* TREATMENT**

Dependent Variable: IQSSPOST

GENDER	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	13.166 <sup>a</sup>	.211	12.751	13.581
	2.00	12.646 <sup>a</sup>	.208	12.236	13.056
	3.00	12.576 <sup>a</sup>	.209	12.164	12.988
2.00	1.00	12.896 <sup>a</sup>	.209	12.486	13.306
	2.00	12.648 <sup>a</sup>	.208	12.238	13.058
	3.00	13.168 <sup>a</sup>	.208	12.758	13.578

a. Evaluated at covariates appeared in the model: IQSS.PRE = 10.1889.

It can be seen from table 4.8 that female had high mean score than male as the mean scores of intellectual and school status were 12.90 and 12.79 for Male and the Female respectively. There was not significant difference regarding only gender but there was not significant difference regarding interactive effect of gender and treatment on intellectual and school status too.

It can be seen from table 4.8.A that in Male group Affirmation treatment was more effective than other treatment as the mean scores of intellectual and school status were 13.16 and 12.64 for Affirmation and Visualization

treatment respectively. The mean score in Combine treatment group was 12.57 as far as the Intellectual and School Status is concerned. And there was significant difference regarding various treatment of clinical hypnosis on intellectual and school status component of self-concept.

But in Female group Combine treatment was more effective than other treatment as the mean scores of Intellectual and School Status were 13.16 and 12.89 for the Affirmation treatment respectively. The mean score in Visualization group was 12.64 as far as the Intellectual and School Status is concerned. And there was not significant difference regarding various treatment of clinical hypnosis and interactive effect of gender and treatment on intellectual and school status component of self-concept. According to various researches, there is no difference in intelligence regarding gender is concerned and school status may change if change occurs in any type of intelligence.

### 2.3.3 The interactive effect of types of school and treatment

The hypothesis no.9 of the study was “There is no significant interactive effect of types of school and treatment on mean Intellectual and School Status component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.7.A shows that the F ratio for interactive effect of types of school and treatment was 3.19 and it was significant at 0.05 levels. So the null hypothesis no.9 of the study was rejected and it was interpreted that interactive effect of types of school and treatment was effective on means of the intellectual and school status component of self-concept.

**Table: 4.9**

SCHOOL

Dependent Variable: IQSSPOST

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	13.210 <sup>a</sup>	.122	12.970	13.449
2.00	12.490 <sup>a</sup>	.122	12.251	12.730

a. Evaluated at covariates appeared in the model: IQSS.PRE = 10.1889.

**Table: 4.9.A****SCHOOL \* TREATMENT****Dependent Variable: IQSSPOST**

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	13.692 <sup>a</sup>	.208	13.282	14.102
	2.00	12.817 <sup>a</sup>	.209	12.405	13.229
	3.00	13.120 <sup>a</sup>	.212	12.704	13.537
2.00	1.00	12.370 <sup>a</sup>	.210	11.958	12.782
	2.00	12.477 <sup>a</sup>	.210	12.065	12.890
	3.00	12.624 <sup>a</sup>	.209	12.214	13.034

a. Evaluated at covariates appeared in the model: IQSS.PRE = 10.1889.

As the table 4.7.A shows types of school had independently produced significant effect on intellectual and school status of self-concept measurement and in interaction with treatment too. But treatment itself has no significant effect. This means that types of school, has specific effect on intellectual and school status component of self-concept.

It can be seen from table 4.9 that private school had high mean score than public school as the mean scores of intellectual and school status were 13.21 and 12.49 for private and the public school respectively. There was significant difference regarding interactive effect of types of school and treatment and there was also significant difference regarding types of school on intellectual and school status. The reason might be that children of private school might have got special facilities , training and attention personally than public school, which is very necessary for modification of behaviour therefore types of school has shown significant effect on intellectual and school status component of self-concept.

It can be seen from table 4.9.A that in private school group, Affirmation treatment was more effective than other treatment as the mean scores of intellectual and school status were 13.69 and 13.12 for Affirmation and Combine treatment group respectively. The mean score in Visualization treatment group was 12.81 as far as the Intellectual and School Status is concerned. And there was significant difference regarding various treatment of clinical hypnosis on intellectual and school status component of self-concept. But in public school group, Combine treatment was more effective

than other treatment as the mean scores of Intellectual and School Status were 12.62 and 12.47 for the Combine and Visualization treatment respectively. The mean score in Affirmation group was 12.37 as far as the intellectual and school status is concerned. And there was significant difference regarding various treatment of clinical hypnosis and interactive effect of gender and treatment on intellectual and school status component of self-concept.

Bandura (1997) provides evidence that self-efficacy or one's belief that he or she can perform a specific task is the best predictor for success on that task. The reason might be that children of private school used to follow commands easily, so affirmation treatment shown significant effects. And children of public school like imagination as they come from lower social-economical background. They are also used to follow command since beginning. So combine treatment shown significant effects on them.

Thus, it can be seen by testing hypotheses no. 7, 8 and 9 that treatment and gender have no significant effect on intellectual and school status component of self-concept. But types of school itself and interactive effect of types of school and treatment have significant effects on intellectual and school status component of self-concept.

## **2.4 Results and Discussion on Physical Appearance and Attributes component of self-concept**

There were three null hypotheses regarding the physical appearance and attributes of self-concept i.e. null hypotheses No 10 to 12.

For testing these null hypotheses the statistical technique of ANCOVA was applied. SPSS was used to analyze the data for ANCOVA. All the descriptive statistics are presented in table 4.10.A. The results of the ANCOVA for the physical appearance and attributes of self-concept are presented in table 4.10.A

**Table: 4.10**

**Descriptive Statistics**

**Dependent Variable: PAA.POST**

GENDER	SCHOOL	TREATMENT	Mean	Std. Deviation	N
1.00	1.00	1.00	10.6000	1.3797	30
		2.00	10.3333	1.3730	30
		3.00	10.6333	.9279	30
		Total	10.5222	1.2382	90
	2.00	1.00	10.3667	1.2172	30
		2.00	10.1333	1.6132	30
		3.00	9.7333	1.4840	30
		Total	10.0778	1.4552	90
	Total	1.00	10.4833	1.2953	60
		2.00	10.2333	1.4886	60
		3.00	10.1833	1.3083	60
		Total	10.3000	1.3656	180
2.00	1.00	1.00	10.4000	.8944	30
		2.00	11.1333	.9371	30
		3.00	10.9333	.9072	30
		Total	10.8222	.9549	90
	2.00	1.00	10.4000	2.0611	30
		2.00	10.5667	1.3566	30
		3.00	11.0000	1.6400	30
		Total	10.6556	1.7103	90
	Total	1.00	10.4000	1.5752	60
		2.00	10.8500	1.1907	60
		3.00	10.9667	1.3144	60
		Total	10.7389	1.3837	180
Total	1.00	1.00	10.5000	1.1571	60
		2.00	10.7333	1.2332	60
		3.00	10.7833	.9223	60
		Total	10.6722	1.1128	180
	2.00	1.00	10.3833	1.6783	60
		2.00	10.3500	1.4938	60
		3.00	10.3667	1.6770	60
		Total	10.3667	1.6097	180
	Total	1.00	10.4417	1.4366	120
		2.00	10.5417	1.3775	120
		3.00	10.5750	1.3638	120
		Total	10.5194	1.3902	360



**Table: 4.10.A****Tests of Between-Subjects Effects****Dependent Variable: PAA.POST**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	193.135 <sup>a</sup>	12	16.095	11.153	.000
Intercept	1016.929	1	1016.929	704.721	.000
PAA.PRE	143.504	1	143.504	99.447	.000
GENDER	17.925	1	17.925	12.422	.000
SCHOOL	.984	1	.984	.682	.410
TREATMENT	5.099	2	2.550	1.767	.172
GENDER * SCHOOL	1.386	1	1.386	.960	.328
GENDER * TREATMENT	9.594	2	4.797	3.324	.037
SCHOOL * TREATMENT	.217	2	.108	.075	.928
GENDER * SCHOOL * TREATMENT	.697	2	.349	.242	.785
Error	500.729	347	1.443		
Total	40531.000	360			
Corrected Total	693.864	359			

a. R Squared = .278 (Adjusted R Squared = .253)

### 2.4.1 Effects of treatment on Physical Appearance and Attributes

The hypothesis no.10 of the study was " There is no significant difference between mean Physical Appearance and Attributes component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.10.A shows that the F ratio for the treatment effect was 1.76 and it was not significant at 0.05 levels. Hence hypothesis no.10 was retained. It can be interpreted that there was no significant effect of treatment on physical appearance and attributes component of self-concept means.

Physical appearance and attributes are the important part of the self-concept. Human's thought affects his body. Human's thought about his body affects his self-concept. Mind and body has deep relationship. Mostly a person believes about his body as 'self '. Changes in these beliefs are difficult, because they are deeply concern with feelings. The reason might be that change in physical appearance and attributes takes long time. First change occurs in thoughts, then feelings and lastly change occurs in body. Then after changes take place in beliefs about physical appearance and attributes. Hence technique like physical exercises cognitive behaviour therapy may become more useful for

changes in Physical Appearance and Attributes. So treatment has not shown any significant effect in physical appearance and attributes component of self-concept measurement.

**Table: 4.10.B**

**Dependent Variable: Score on the Posttest of Physical Appearance and Attributes  
Estimated Marginal Means for Treatment**

**TREATMENT**

**Dependent Variable: PAA.POST**

TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	10.395 <sup>a</sup>	.110	10.180	10.611
2.00	10.482 <sup>a</sup>	.110	10.266	10.698
3.00	10.681 <sup>a</sup>	.110	10.465	10.898

a. Evaluated at covariates appeared in the model: PAA.PRE = 8.4778.

It can be seen from table 4.10.B that combine treatment was more effective than other treatment as the mean scores of physical appearance and attributes were 10.68 and 10.48 for Combine and Visualization treatment respectively. Affirmation group was nearly same as Visualization treatment group as far as the physical appearance and attributes are concerned. But there was not significant difference regarding various treatment of clinical hypnosis on physical appearance and attributes component of self-concept.

#### **2.4.2 The interactive effect of gender and treatment**

The hypothesis no.11 of the study was “There is no significant interactive effect of gender and treatment on mean Physical Appearance and Attributes component score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.10.A shows that the F ratio for interactive effect of gender and treatment was 3.32 and it was significant at 0.05 levels. So the null hypothesis no.11 of the study was rejected and it was interpreted that interactive effect of gender and treatment was effective for the physical appearance and attributes component of self-concept. This means that administration of interactive effect of gender and treatment had significant effect on physical appearance and attributes component of self-concept. It can be seen in table no. 4.10.A

**Table: 4.11****GENDER****Dependent Variable: PAA.POST**

<b>GENDER</b>	<b>Mean</b>	<b>Std. Error</b>	<b>95% Confidence Interval</b>	
			<b>Lower Bound</b>	<b>Upper Bound</b>
<b>1.00</b>	<b>10.296<sup>a</sup></b>	<b>.090</b>	<b>10.120</b>	<b>10.472</b>
<b>2.00</b>	<b>10.743<sup>a</sup></b>	<b>.090</b>	<b>10.566</b>	<b>10.919</b>

a. Evaluated at covariates appeared in the model: PAA.PRE = 8.4778.

**Table: 4.11.A****GENDER \* TREATMENT****Dependent Variable: PAA.POST**

<b>GENDER</b>	<b>TREATMENT</b>	<b>Mean</b>	<b>Std. Error</b>	<b>95% Confidence Interval</b>	
				<b>Lower Bound</b>	<b>Upper Bound</b>
<b>1.00</b>	<b>1.00</b>	<b>10.398<sup>a</sup></b>	<b>.155</b>	<b>10.093</b>	<b>10.704</b>
	<b>2.00</b>	<b>10.187<sup>a</sup></b>	<b>.155</b>	<b>9.882</b>	<b>10.492</b>
	<b>3.00</b>	<b>10.304<sup>a</sup></b>	<b>.156</b>	<b>9.998</b>	<b>10.609</b>
<b>2.00</b>	<b>1.00</b>	<b>10.393<sup>a</sup></b>	<b>.155</b>	<b>10.088</b>	<b>10.698</b>
	<b>2.00</b>	<b>10.776<sup>a</sup></b>	<b>.155</b>	<b>10.471</b>	<b>11.081</b>
	<b>3.00</b>	<b>11.059<sup>a</sup></b>	<b>.155</b>	<b>10.754</b>	<b>11.365</b>

a. Evaluated at covariates appeared in the model: PAA.PRE = 8.4778.

It can be seen from table 4.11 that female had high mean score than male as the mean scores of physical appearance and attributes were 10.74 and 10.29 for Male and the Female respectively.

There was not significant difference regarding only gender but there was significant difference regarding interactive effect of gender and treatment on physical appearance and attributes.

It can be seen from table 4.11.A that in Male group Affirmation treatment was more effective than other treatment as the mean scores of physical appearance and attributes were 10.39 and 10.30 for Affirmation and the Combine treatment respectively. The mean score in Visualization group was 10.18 as far as the physical appearance and attributes component is concerned.

But in Female group Combine treatment was more effective than other treatment as the mean scores of physical appearance and attributes were 11.05 and 10.77 for Combine treatment and Visualization respectively. The mean score in Affirmation group was 10.39 as far as the physical appearance

and attributes component is concerned. And there was significant difference regarding various treatment of clinical hypnosis on physical appearance and attributes as a component of self-concept.

The reason might be that Male likes Affirmation most rather than Visualization because male are naturally concerned with ego regarding physical appearance and attributes. Hence a small affirmation or suggestion may affects regarding Physical Appearance and Attributes of male. So Affirmation treatment was more effective than other treatment regarding physical appearance and attributes in male.

According to Woolson and Donald A. (1986), primary suggestibility correlates highly with hypnotizability, while secondary suggestibility does not and has been reported to be a subject's response to indirect suggestion.

In Female group Combine treatment was more effective than other treatment regarding physical appearance and attributes component is concerned, because female are more conscious regarding physical appearance and attributes than male. So Combination of Affirmation and Visualization treatment was more effective than other treatment in female group.

#### **2.4.3 The interactive effect of types of school and treatment**

The hypothesis no.12 of the study was "There is no significant interactive effect of types of school and treatment on mean Physical Appearance and Attributes component score of post test among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.10.A shows that the F ratio for the treatment effect was .075 and it was not significant at 0.05 levels. Hence hypothesis no.12 was retained. It can be interpreted that there was no significant interactive effect of types of school and treatment on physical appearance and attributes component of self-concept means.

**Table: 4.12****SCHOOL****Dependent Variable: PAA.POST**

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	10.572 <sup>a</sup>	.090	10.395	10.750
2.00	10.467 <sup>a</sup>	.090	10.289	10.644

a. Evaluated at covariates appeared in the model: PAA.PRE = 8.4778.

**Table: 4.12.A****SCHOOL \* TREATMENT****Dependent Variable: PAA.POST**

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	10.415 <sup>a</sup>	.155	10.109	10.720
	2.00	10.543 <sup>a</sup>	.156	10.236	10.850
	3.00	10.759 <sup>a</sup>	.155	10.454	11.064
2.00	1.00	10.376 <sup>a</sup>	.155	10.071	10.681
	2.00	10.420 <sup>a</sup>	.155	10.115	10.726
	3.00	10.603 <sup>a</sup>	.157	10.295	10.912

a. Evaluated at covariates appeared in the model: PAA.PRE = 8.4778.

As the table 4.12 and table 4.12.A shows types of school had neither produced significant effect on physical appearance and attributes component of self-concept measurement nor in interaction with treatment.

It can be seen from table 4.12 that private school had high mean score than public school as the mean scores of physical appearance and attributes were 10.57 and 10.46 for private and the public school respectively. There were not significant difference regarding types of school and interactive effect of types of school and treatment on physical appearance and attributes component of self-concept.

It can be seen from table 4.12.A that in private school group, Combine treatment was more effective than other treatment as the mean scores of physical appearance and attributes were 10.75 and 10.54 for Combine treatment and Visualization treatment group respectively. The mean score in Affirmation treatment group was 10.41 as far as physical appearance and attributes component is concerned. And there was significant difference

regarding various treatment of clinical hypnosis on physical appearance and attributes component of self-concept.

But in public school group, Combine treatment was more effective than other treatment as the mean scores physical appearance and attributes were 10.60 and 10.42 for the Combine and Visualization treatment respectively. The mean score in Affirmation group was 10.37 as far as the physical appearance and attributes component is concerned. And there was significant difference regarding various treatment of clinical hypnosis and interactive effect of gender and treatment on physical appearance and attributes component of self-concept.

The reason might be that children of private school might have got special facilities for physical exercises, training and personal attention than public school, which is very necessary for modification of physical appearance and attributes. But government also provides more facilities in government school now a day. Thus children of both types of school were same regarding physical appearance and attributes. So types of school have not shown any significant effect on physical appearance and attributes component of self-concept measurement.

Thus, it can be seen by testing hypotheses no. 10, 11 and 12 that gender and interactive effect of treatment and gender have significant effects on physical appearance and attributes component of self-concept. But types of school itself and interactive effect of school and treatment have no significant effect on physical appearance and attributes component of self-concept measurement. So, irrespective of gender and interactive effects of treatment and gender, all treatments affect equally on physical appearance and attributes of self-concept.

## **2.5 Results and discussion on Anxiety component of self-concept**

There were three null hypotheses regarding the anxiety component of self-concept i.e. null hypotheses No 13 to 15.

For testing these null hypotheses the statistical technique of ANCOVA was applied. All the possible interactive effects were tested too. All the descriptive

Statistics are presented table 4.13. The result of the ANCOVA for the anxiety of self-concept is presented in table 4.13.A

**Table: 4.13**

Descriptive Statistics

Dependent Variable: ANX.POST

GENDER	SCHOOL	TREATMENT	Mean	Std. Deviation	N
1.00	1.00	1.00	10.8000	1.0306	30
		2.00	10.0667	1.4840	30
		3.00	10.8667	1.4077	30
		Total	10.5778	1.3573	90
	2.00	1.00	9.9000	1.5391	30
		2.00	10.8000	1.1861	30
		3.00	9.6667	1.6259	30
		Total	10.1222	1.5275	90
	Total	1.00	10.3500	1.3756	60
		2.00	10.4333	1.3823	60
		3.00	10.2667	1.6247	60
		Total	10.3500	1.4588	180
	1.00	1.00	11.4667	.7303	30
		2.00	11.4000	.7701	30
		3.00	10.9000	1.4227	30
		Total	11.2556	1.0446	90
	2.00	1.00	9.6333	2.0083	30
		2.00	9.7000	1.9146	30
		3.00	8.3333	2.1709	30
		Total	9.2222	2.1082	90
	Total	1.00	10.5500	1.7604	60
		2.00	10.5500	1.6817	60
		3.00	9.6167	2.2330	60
		Total	10.2389	1.9472	180
Total	1.00	1.00	11.1333	.9472	60
		2.00	10.7333	1.3513	60
		3.00	10.8833	1.4033	60
		Total	10.9167	1.2546	180
	2.00	1.00	9.7667	1.7790	60
		2.00	10.2500	1.6736	60
		3.00	9.0000	2.0169	60
		Total	9.6722	1.8904	180
	Total	1.00	10.4500	1.5763	120
		2.00	10.4917	1.5339	120
		3.00	9.9417	1.9716	120
		Total	10.2944	1.7190	360

**Table: 4.13.A**

Tests of Between-Subjects Effects

Dependent Variable: ANX.POST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	348.366 <sup>a</sup>	12	29.031	14.140	.000
Intercept	1353.227	1	1353.227	659.117	.000
ANX.PRE	77.177	1	77.177	37.591	.000
GENDER	.784	1	.784	.382	.537
SCHOOL	107.212	1	107.212	52.220	.000
TREATMENT	40.213	2	20.106	9.793	.000
GENDER * SCHOOL	19.835	1	19.835	9.661	.002
GENDER * TREATMENT	4.891	2	2.446	1.191	.305
SCHOOL * TREATMENT	18.281	2	9.140	4.452	.012
GENDER * SCHOOL * TREATMENT	3.492	2	1.746	.850	.428
Error	712.423	347	2.053		
Total	39212.000	360			
Corrected Total	1060.789	359			

a. R Squared = .328 (Adjusted R Squared = .305)

**2.5.1 Effects of treatment on Anxiety**

The hypothesis no.13 of the study was " There is no significant difference between mean Anxiety component score of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.13.A shows that the F ratio for the treatment effect was 9.79 and it was significant at 0.01 levels. Hence null hypothesis no.13 of the study was rejected. It can be interpreted that there was significant effect of treatment on anxiety component of self-concept means.

**Table: 4.13.B**

Dependent Variable: Score on the Posttest of Anxiety  
Estimated Marginal Means for Treatment

TREATMENT

Dependent Variable: ANX.POST

TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	10.514 <sup>a</sup>	.131	10.256	10.772
2.00	10.556 <sup>a</sup>	.131	10.298	10.814
3.00	9.813 <sup>a</sup>	.132	9.553	10.074

a. Evaluated at covariates appeared in the model: ANX.PRE = 7.9028.



It can be seen from table 4.13.B that Visualization treatment was more effective than other treatment as the mean scores of anxiety were 10.55 and 10.51 for Visualization and the Affirmation treatment respectively. And mean scores of anxiety were 10.55 for Combine treatment. Affirmation group was nearly same as Visualization treatment group as far as the anxiety is concerned. There was significant difference regarding various treatment of clinical hypnosis on anxiety component of self-concept means.

According to Mitra et al (2002), anxiety is a specific unpleasant state of tension, which brings danger signal to individual. Anxiety is an important factor affecting on self-concept. If anxiety increases, self-concept gets low. There was significant effect of treatment on anxiety component of self-concept means in present study. Visualization treatment was more effective than other treatment as the mean scores of anxiety in present study.

The reason might be that people of the society always guide verbally about reducing anxiety. But if a person uses imagination to reduce anxiety, then sub-conscious mind becomes peaceful too and a person gets peace and happiness inside at deeper level of consciousness. So it is a great benefit of hypnotic trance to reduce anxiety. According to various study too, hypnosis reduce anxiety. In a report by David Spiegel in the Harvard Mental Health Letter, the research was cited that hypnosis methods have been used successfully for anxiety associated with medical procedures.

Howard W.L. Reardon J.P., examined the effects of a cognitive-hypnotic-imagery approach (CHI), cognitive restructuring, and hypnosis only treatments on neuromuscular performance, muscular growth, reduction of anxiety, and enhancement of self-concept in 32 male weightlifters (mean age 22.5 yrs). Data suggests that combining hypnotic relaxation and imagery with cognitive restructuring enhances both the immediate and long-range effects of treatment. This result are supported by a study done by Hurley (1980).

In Hurley's study, The IPAT anxiety scale was used to measure anxiety level of 60 college going students and hypnotic treatment was an interventional method. Four experimental groups were administered different kinds of treatments (i.e. hypnosis, biofeedback, trophotropic and no treatment). At the

end of the 8-week period the scales were administered to all groups. ANCOVA suggested that hypnosis was a more effective technique for lowering anxiety levels when compared to biofeedback or trophotropic response procedures. In present study also, hypnosis has proved more effective in reducing factor of apprehensiveness in anxiety. So treatment has shown significant effect in Anxiety component of self-concept measurement.

### 2.5.2 The interactive effect of gender and treatment

The hypothesis no.14 of the study was “There is no significant interactive effect of gender and treatment on mean Anxiety component score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.13.A shows that the F ratio for interactive effect of gender and treatment was 1.19 and it was not significant at 0.05 levels. So the null hypothesis no.14 of the study was retained and it was interpreted that interactive effect of gender and treatment was not effective for the anxiety component of self-concept. This means that administration of interactive effect of gender and treatment had not significant effect on anxiety component of self-concept. It can be seen in table no. 4.13.A

**Table: 4.14**

#### GENDER

Dependent Variable: ANX.POST

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	10.341 <sup>a</sup>	.107	10.131	10.551
2.00	10.248 <sup>a</sup>	.107	10.038	10.458

a. Evaluated at covariates appeared in the model: ANX.PRE = 7.9028.

**Table: 4.14.A****GENDER \* TREATMENT****Dependent Variable: ANX.POST**

<b>GENDER</b>	<b>TREATMENT</b>	<b>Mean</b>	<b>Std. Error</b>	<b>95% Confidence Interval</b>	
				<b>Lower Bound</b>	<b>Upper Bound</b>
<b>1.00</b>	<b>1.00</b>	<b>10.461<sup>a</sup></b>	<b>.186</b>	<b>10.096</b>	<b>10.827</b>
	<b>2.00</b>	<b>10.536<sup>a</sup></b>	<b>.186</b>	<b>10.171</b>	<b>10.902</b>
	<b>3.00</b>	<b>10.026<sup>a</sup></b>	<b>.189</b>	<b>9.654</b>	<b>10.398</b>
<b>2.00</b>	<b>1.00</b>	<b>10.567<sup>a</sup></b>	<b>.185</b>	<b>10.203</b>	<b>10.931</b>
	<b>2.00</b>	<b>10.575<sup>a</sup></b>	<b>.185</b>	<b>10.211</b>	<b>10.939</b>
	<b>3.00</b>	<b>9.601<sup>a</sup></b>	<b>.185</b>	<b>9.237</b>	<b>9.965</b>

a. Evaluated at covariates appeared in the model: ANX.PRE = 7.9028.

It can be seen from table 4.14 that Male had high mean score than Female as the mean scores of anxiety were 10.34 and 10.24 for Male and the Female respectively. There was not significant difference regarding only gender but there was not significant difference regarding interactive effect of gender and treatment too on anxiety. The reason might be that the samples of the study are those students who are in puberty period of development. This is a period of stress and strain. Hence there was not significant difference regarding only gender and interactive effect of gender and treatment on Anxiety. It can be seen from table 4.14.A that in Male group Visualization treatment was more effective than other treatment as the mean scores of Anxiety were 10.53 and 10.46 for Visualization and the Affirmation treatment respectively. The mean score in Combine group was 10.02 as far as the anxiety is concerned.

In Female group Visualization treatment was more effective than other treatment as the mean scores of anxiety were 10.57 and 10.56 for the Affirmation treatment respectively. The mean score in Combine group was 9.60 as far as the anxiety is concerned. And there was not significant difference regarding interactive effect of gender and treatment on the anxiety component of self-concept.

### **2.5.3 The interactive effect of types of school and treatment**

The hypothesis no.15 of the study was “There is no significant interactive effect of types of school and treatment on mean Anxiety component score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.13.A shows that the F ratio for the treatment effect was 4.45 and it was significant at 0.01 levels. Hence null hypothesis no.15 was rejected. It can be interpreted that there was significant interactive effect of types of school and treatment on anxiety component of self-concept means.

**Table: 4.15**

**SCHOOL**

Dependent Variable: ANX.POST

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	10.846 <sup>a</sup>	.107	10.635	11.058
2.00	9.742 <sup>a</sup>	.107	9.531	9.954

a. Evaluated at covariates appeared in the model: ANX.PRE = 7.9028.

**Table: 4.15.A**

**SCHOOL \* TREATMENT**

Dependent Variable: ANX.POST

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	11.105 <sup>a</sup>	.185	10.741	11.469
	2.00	10.812 <sup>a</sup>	.185	10.447	11.176
	3.00	10.622 <sup>a</sup>	.190	10.249	10.995
2.00	1.00	9.923 <sup>a</sup>	.187	9.556	10.290
	2.00	10.300 <sup>a</sup>	.185	9.936	10.664
	3.00	9.005 <sup>a</sup>	.185	8.641	9.369

a. Evaluated at covariates appeared in the model: ANX.PRE = 7.9028.

As the table 4.15 and table 4.15.A shows types of school and interactive effect of types of school and treatment had produced significant effect on anxiety component of self-concept measurement. This means that types of school and interactive effect of types of school and treatment have specific effects on anxiety component of self-concept.

It can be seen from table 4.15 that private school had high mean score than public school as the mean scores of anxiety were 10.84 and 9.74 for private and the public school respectively.

There were significant difference regarding types of school and interactive effects of types of school and treatment on anxiety. It can be seen from table 4.15.A that in private school group, Affirmation treatment was more effective than other treatment as the mean scores of anxiety were 11.10 and 10.81 for

Affirmation and Visualization treatment group respectively. The mean score in Combine treatment group was 10.62 as far as the anxiety is concerned.

But in public school group, Visualization treatment was more effective than other treatment as the mean scores of anxiety were 10.30 and 9.92 for the Visualization and Affirmation treatment respectively. The mean score in combine group was 9.00 as far as the anxiety is concerned. And there was significant difference regarding various treatment of clinical hypnosis.

Children of private school might have got special facilities, training and attention personally than public school, which give satisfaction and reduce anxiety too. Children of private school used to follow commands easily, so affirmation treatment shown significant effects. And children of public school like imagination as they come from lower social-economical background. Therefore types of school also have shown significant effect on anxiety component of self-concept measurement.

Thus, it can be seen by testing hypotheses no. 13, 14 and 15 that gender and interactive effect of gender and treatment have no significant effect on anxiety component of self-concept.

So, irrespective of gender and interactive effect of gender and treatment, all treatments affect equally on anxiety component of self-concept.

## **2.6 Results and discussion of Popularity component of self-concept**

There were three null hypotheses regarding the popularity component of self-concept i.e. null hypotheses No 16 to 18.

SPSS was used to analyze the data for ANCOVA. For testing these null hypotheses the statistical technique of ANCOVA was applied.

All the descriptive statistics are presented table 4.16. The results of the ANCOVA for the popularity component of self-concept are presented in table 4.16.a.

**Table: 4.16**

**Descriptive Statistics**

**Dependent Variable: POP.POST**

<b>GENDER</b>	<b>SCHOOL</b>	<b>TREATMENT</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>N</b>
<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>10.4000</b>	<b>1.2205</b>	<b>30</b>
		<b>2.00</b>	<b>10.2000</b>	<b>1.2972</b>	<b>30</b>
		<b>3.00</b>	<b>10.2333</b>	<b>1.4782</b>	<b>30</b>
		<b>Total</b>	<b>10.2778</b>	<b>1.3242</b>	<b>90</b>
	<b>2.00</b>	<b>1.00</b>	<b>9.8000</b>	<b>1.4239</b>	<b>30</b>
		<b>2.00</b>	<b>10.4000</b>	<b>1.5669</b>	<b>30</b>
		<b>3.00</b>	<b>9.4667</b>	<b>1.2794</b>	<b>30</b>
		<b>Total</b>	<b>9.8889</b>	<b>1.4645</b>	<b>90</b>
	<b>Total</b>	<b>1.00</b>	<b>10.1000</b>	<b>1.3492</b>	<b>60</b>
		<b>2.00</b>	<b>10.3000</b>	<b>1.4297</b>	<b>60</b>
		<b>3.00</b>	<b>9.8500</b>	<b>1.4241</b>	<b>60</b>
		<b>Total</b>	<b>10.0833</b>	<b>1.4058</b>	<b>180</b>
<b>2.00</b>	<b>1.00</b>	<b>1.00</b>	<b>10.3333</b>	<b>1.3730</b>	<b>30</b>
		<b>2.00</b>	<b>10.6333</b>	<b>1.5643</b>	<b>30</b>
		<b>3.00</b>	<b>10.8667</b>	<b>1.1366</b>	<b>30</b>
		<b>Total</b>	<b>10.6111</b>	<b>1.3714</b>	<b>90</b>
	<b>2.00</b>	<b>1.00</b>	<b>9.9000</b>	<b>1.4704</b>	<b>30</b>
		<b>2.00</b>	<b>10.6000</b>	<b>1.5447</b>	<b>30</b>
		<b>3.00</b>	<b>9.6000</b>	<b>1.1626</b>	<b>30</b>
		<b>Total</b>	<b>10.0333</b>	<b>1.4491</b>	<b>90</b>
	<b>Total</b>	<b>1.00</b>	<b>10.1167</b>	<b>1.4272</b>	<b>60</b>
		<b>2.00</b>	<b>10.6167</b>	<b>1.5414</b>	<b>60</b>
		<b>3.00</b>	<b>10.2333</b>	<b>1.3067</b>	<b>60</b>
		<b>Total</b>	<b>10.3222</b>	<b>1.4364</b>	<b>180</b>
<b>Total</b>	<b>1.00</b>	<b>1.00</b>	<b>10.3667</b>	<b>1.2884</b>	<b>60</b>
		<b>2.00</b>	<b>10.4167</b>	<b>1.4414</b>	<b>60</b>
		<b>3.00</b>	<b>10.5500</b>	<b>1.3457</b>	<b>60</b>
		<b>Total</b>	<b>10.4444</b>	<b>1.3546</b>	<b>180</b>
	<b>2.00</b>	<b>1.00</b>	<b>9.8500</b>	<b>1.4359</b>	<b>60</b>
		<b>2.00</b>	<b>10.5000</b>	<b>1.5459</b>	<b>60</b>
		<b>3.00</b>	<b>9.5333</b>	<b>1.2139</b>	<b>60</b>
		<b>Total</b>	<b>9.9611</b>	<b>1.4546</b>	<b>180</b>
	<b>Total</b>	<b>1.00</b>	<b>10.1083</b>	<b>1.3829</b>	<b>120</b>
		<b>2.00</b>	<b>10.4583</b>	<b>1.4889</b>	<b>120</b>
		<b>3.00</b>	<b>10.0417</b>	<b>1.3744</b>	<b>120</b>
		<b>Total</b>	<b>10.2028</b>	<b>1.4242</b>	<b>360</b>

**Table: 4.16.A**

Tests of Between-Subjects Effects

Dependent Variable: POP.POST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	194.764 <sup>a</sup>	12	16.230	10.558	.000
Intercept	757.493	1	757.493	492.752	.000
POP.PRE	133.601	1	133.601	86.908	.000
GENDER	2.054	1	2.054	1.336	.248
SCHOOL	.117	1	.117	.076	.783
TREATMENT	14.175	2	7.088	4.610	.011
GENDER * SCHOOL	.231	1	.231	.151	.698
GENDER * TREATMENT	1.774	2	.887	.577	.562
SCHOOL * TREATMENT	12.429	2	6.215	4.043	.018
GENDER * SCHOOL * TREATMENT	1.407	2	.703	.458	.633
Error	533.433	347	1.537		
Total	38203.000	360			
Corrected Total	728.197	359			

<sup>a</sup>. R Squared = .267 (Adjusted R Squared = .242)**2.6.1 Effects of treatment on Popularity**

The hypothesis no.16 of the study was " There is no significant difference between mean Popularity component score of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.16.A shows that the F ratio for the treatment effect was 4.61 and it was significant at 0.01 levels. Hence hypothesis no.16 was rejected. It can be interpreted that there was significant effect of treatment on popularity component of self-concept means.

The reason might be that popularity is an important function of self-concept. Popularity enhances self-confidence and self-concept. There was significant effect of treatment on popularity component of self-concept means. It is proved that if a person think and believe positive about him, his self-image enhance. If a person respect own self and feel good about his own self, automatically people respect him too. Result of inner changes reflects at outer level too. Hypnosis treatment has changed beliefs of children about their selves. So their popularity enhance too. So treatment has shown significant effect in popularity component of self-concept measurement.

**Table: 4.16.B**

**Dependent Variable: Score on the Posttest of Popularity  
Estimated Marginal Means for Treatment**

**TREATMENT**

**Dependent Variable: POP.POST**

TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	10.183 <sup>a</sup>	.113	9.960	10.406
2.00	10.455 <sup>a</sup>	.113	10.233	10.678
3.00	9.970 <sup>a</sup>	.113	9.747	10.193

<sup>a</sup>. Evaluated at covariates appeared in the model: POP.PRE = 8.3167.

It can be seen from table 4.16.B that Visualization treatment was more effective than other treatment as the mean scores of popularity were 10.45 and 10.18 for Visualization and the Affirmation treatment respectively. According to various studies visualization enhances self-image. According to Crowther JH. (1983), stress management plus relaxation imagery and relaxation imagery alone were significantly more effective than blood pressure checks in reducing systolic and diastolic blood pressures during treatment and in maintaining diastolic blood pressure reductions during follow-up. Bowhay, Cherry Lynn, 1985 also said about his Results of study that members of the experimental groups believed that visualization could contribute significantly to self-understanding, felt differently about themselves as a result of learning about visualization, felt it would be useful for personal development, and felt they would use it in their own future self-development. The mean score of combine treatment group is 9.97. There was significant difference regarding various treatment of clinical hypnosis on popularity component of self-concept.

### **2.6.2 The interactive effect of gender and treatment**

The hypothesis no.17 of the study was "There is no significant interactive effect of gender and treatment on mean Popularity component score of post test among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.16.A shows that the F ratio for interactive effect of gender and treatment was 0.77 and it was not significant at 0.05 levels. So the null



hypothesis no.17 of the study was retained and it was interpreted that there was not interactive effect of gender and treatment on the popularity component of self-concept. This means interactive effect of gender and treatment had no significant effect on popularity component of self-concept. And there was not effect of only gender too on the popularity component of self-concept. It can be seen in table no. 4.16.A

**Table: 4.17**

GENDER

Dependent Variable: POP.POST

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	10.127 <sup>a</sup>	.093	9.945	10.309
2.00	10.279 <sup>a</sup>	.093	10.097	10.461

a. Evaluated at covariates appeared in the model: POP.PRE = 8.3167.

**Table: 4.17.A**

GENDER \* TREATMENT

Dependent Variable: POP.POST

GENDER	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	10.201 <sup>a</sup>	.160	9.886	10.517
	2.00	10.360 <sup>a</sup>	.160	10.045	10.675
	3.00	9.820 <sup>a</sup>	.160	9.505	10.135
2.00	1.00	10.164 <sup>a</sup>	.160	9.849	10.479
	2.00	10.551 <sup>a</sup>	.160	10.236	10.866
	3.00	10.120 <sup>a</sup>	.161	9.804	10.436

a. Evaluated at covariates appeared in the model: POP.PRE = 8.3167.

It can be seen from table 4.17 that Female had high mean score than Male as the mean scores of Popularity were 10.27 and 10.12 for Female and the Male respectively. There was not significant difference regarding only gender but there was not significant difference regarding interactive effect of gender and treatment on popularity too. It can be seen from table 4.17.A that in Male group Visualization treatment was more effective than other treatment as the mean scores of popularity were 10.36 and 10.20 for Visualization and the Affirmation treatment respectively. The mean score in Combine group was 9.82 as far as the popularity is concerned. And there was not significant

difference regarding various treatment of clinical hypnosis on popularity component of self-concept.

But in Female group Visualization treatment was more effective than other treatment as the mean scores of Popularity were 10.55 and 10.16 for the Visualization and Affirmation treatment respectively. The mean score in Combine group was 10.12 as far as the popularity is concerned.

The reason might be that male and female both types of children liked to imagine positive and successful about their selves. It is quite natural to imagine successful in this pre-adolescents age. So there was not significant difference regarding various treatment of clinical hypnosis on popularity as a component of self-concept.

### 2.6.3 The interactive effect of types of school and treatment

The hypothesis no.18 of the study was “There is no significant interactive effect of types of school and treatment on mean Popularity component score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.16.A shows that the F ratio for the treatment effect was 4.04 and it was significant at 0.05 levels. Hence hypothesis no.18 was rejected. It can be interpreted that there was significant interactive effect of types of school and treatment on popularity component of self-concept means.

**Table: 4.18**

**SCHOOL**

**Dependent Variable: POP.POST**

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	10.222 <sup>a</sup>	.095	10.034	10.410
2.00	10.184 <sup>a</sup>	.095	9.996	10.371

a. Evaluated at covariates appeared in the model: POP.PRE = 8.3167.

**Table: 4.18.A****SCHOOL \* TREATMENT****Dependent Variable: POP.POST**

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	10.271 <sup>a</sup>	.160	9.956	10.587
	2.00	10.220 <sup>a</sup>	.161	9.902	10.538
	3.00	10.175 <sup>a</sup>	.165	9.850	10.499
2.00	1.00	10.094 <sup>a</sup>	.162	9.775	10.413
	2.00	10.691 <sup>a</sup>	.161	10.373	11.008
	3.00	9.766 <sup>a</sup>	.162	9.447	10.084

a. Evaluated at covariates appeared in the model: POP.PRE = 8.3167.

As the table 4.18 and table 4.18.A shows types of school had not independently produced significant effect on popularity component of self-concept measurement but interactive effect of types of school and treatment and treatment itself have significant effects. This means that interactive effect of types of school and treatment has specific effect on popularity component of self-concept.

It can be seen from table 4.18 that private school had high mean score than public school as the mean scores of popularity were 10.22 and 10.18 for private and the public school respectively. There was significant difference regarding interactive effect of types of school and treatment on popularity.

It can be seen from table 4.18.A that in private school group, Affirmation treatment was more effective than other treatment as the mean scores of popularity were 10.27 and 10.22 for Affirmation and Visualization treatment group respectively. The mean score in Combine treatment group was 10.17 as far as the popularity is concerned. And there was significant difference regarding various treatment of clinical hypnosis on popularity component of self-concept.

But in public school group, Visualization treatment was more effective than other treatment as the mean scores of popularity were 10.69 and 10.09 for the Visualization and Affirmation treatment respectively. The mean score in Combine group was 9.76 as far as the popularity is concerned. And there was significant difference regarding various treatment of clinical hypnosis and

interactive effect of gender and treatment on popularity component of self-concept.

The reason might be that children of private school might have got special facilities, training and attention personally than public school, which is very necessary for modification of behaviour. Teacher gives positive reinforcement to students. Therefore children of private school used to follow commands easily, so affirmation treatment shown significant effects. And children of public school like imagination as they come from lower social-economical background. So Visualization treatment has shown significant effects on them.

Thus, it can be seen by testing hypotheses no. 16, 17 and 18 that gender, interactive effect of gender and treatment and types of school have no significant effect on popularity component of self-concept. But treatment and interactive effect of types of school and treatment have significant effect on popularity so, irrespective of treatment and interactive effect of types of school and treatment all treatments affect equally on popularity component of self-concept.

## **2.7 Results and Discussion of Happiness and Satisfaction component of self-concept**

There were three null hypotheses regarding the happiness and satisfaction component of self-concept i.e. null hypotheses No 19 to 21.

For testing these null hypotheses the statistical technique of ANCOVA was applied. SPSS was used to analyze the data for ANCOVA. All the possible interactive effects were tested too.

All the descriptive statistics are presented table 4.19. The results of the ANCOVA for the happiness and satisfaction of self-concept are presented in table 4.19.A.

**Table: 4.19**

**Descriptive Statistics**

**Dependent Variable: HPS.POST**

<b>GENDER</b>	<b>SCHOOL</b>	<b>TREATMENT</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>N</b>
<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>7.1333</b>	<b>1.5025</b>	<b>30</b>
		<b>2.00</b>	<b>7.6667</b>	<b>.9589</b>	<b>30</b>
		<b>3.00</b>	<b>6.4333</b>	<b>1.0063</b>	<b>30</b>
		<b>Total</b>	<b>7.0778</b>	<b>1.2740</b>	<b>90</b>
	<b>2.00</b>	<b>1.00</b>	<b>6.8000</b>	<b>.9613</b>	<b>30</b>
		<b>2.00</b>	<b>6.1667</b>	<b>1.2341</b>	<b>30</b>
		<b>3.00</b>	<b>6.7000</b>	<b>1.1188</b>	<b>30</b>
		<b>Total</b>	<b>6.5556</b>	<b>1.1329</b>	<b>90</b>
	<b>Total</b>	<b>1.00</b>	<b>6.9667</b>	<b>1.2618</b>	<b>60</b>
		<b>2.00</b>	<b>6.9167</b>	<b>1.3314</b>	<b>60</b>
		<b>3.00</b>	<b>6.5667</b>	<b>1.0635</b>	<b>60</b>
		<b>Total</b>	<b>6.8167</b>	<b>1.2303</b>	<b>180</b>
<b>2.00</b>	<b>1.00</b>	<b>1.00</b>	<b>6.0667</b>	<b>1.1121</b>	<b>30</b>
		<b>2.00</b>	<b>6.7333</b>	<b>.9444</b>	<b>30</b>
		<b>3.00</b>	<b>6.1667</b>	<b>1.0199</b>	<b>30</b>
		<b>Total</b>	<b>6.3222</b>	<b>1.0582</b>	<b>90</b>
	<b>2.00</b>	<b>1.00</b>	<b>6.9333</b>	<b>1.0148</b>	<b>30</b>
		<b>2.00</b>	<b>6.2000</b>	<b>1.2972</b>	<b>30</b>
		<b>3.00</b>	<b>6.7333</b>	<b>1.1121</b>	<b>30</b>
		<b>Total</b>	<b>6.6222</b>	<b>1.1763</b>	<b>90</b>
	<b>Total</b>	<b>1.00</b>	<b>6.5000</b>	<b>1.1424</b>	<b>60</b>
		<b>2.00</b>	<b>6.4667</b>	<b>1.1567</b>	<b>60</b>
		<b>3.00</b>	<b>6.4500</b>	<b>1.0958</b>	<b>60</b>
		<b>Total</b>	<b>6.4722</b>	<b>1.1258</b>	<b>180</b>
<b>Total</b>	<b>1.00</b>	<b>1.00</b>	<b>6.6000</b>	<b>1.4166</b>	<b>60</b>
		<b>2.00</b>	<b>7.2000</b>	<b>1.0544</b>	<b>60</b>
		<b>3.00</b>	<b>6.3000</b>	<b>1.0135</b>	<b>60</b>
		<b>Total</b>	<b>6.7000</b>	<b>1.2277</b>	<b>180</b>
	<b>2.00</b>	<b>1.00</b>	<b>6.8667</b>	<b>.9823</b>	<b>60</b>
		<b>2.00</b>	<b>6.1833</b>	<b>1.2554</b>	<b>60</b>
		<b>3.00</b>	<b>6.7167</b>	<b>1.1061</b>	<b>60</b>
		<b>Total</b>	<b>6.5889</b>	<b>1.1521</b>	<b>180</b>
	<b>Total</b>	<b>1.00</b>	<b>6.7333</b>	<b>1.2212</b>	<b>120</b>
		<b>2.00</b>	<b>6.6917</b>	<b>1.2622</b>	<b>120</b>
		<b>3.00</b>	<b>6.5083</b>	<b>1.0768</b>	<b>120</b>
		<b>Total</b>	<b>6.6444</b>	<b>1.1901</b>	<b>360</b>

**Table: 4.19.A**

Tests of Between-Subjects Effects

Dependent Variable: HPS.POST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	117.529 <sup>a</sup>	12	9.794	8.693	.000
Intercept	461.447	1	461.447	409.562	.000
HPS.PRE	44.240	1	44.240	39.266	.000
GENDER	7.741	1	7.741	6.870	.009
SCHOOL	.964	1	.964	.855	.356
TREATMENT	.150	2	7.516E-02	.067	.935
GENDER * SCHOOL	11.649	1	11.649	10.339	.001
GENDER * TREATMENT	1.689	2	.844	.749	.473
SCHOOL * TREATMENT	49.949	2	24.974	22.166	.000
GENDER * SCHOOL * TREATMENT	2.522	2	1.261	1.119	.328
Error	390.960	347	1.127		
Total	16402.000	360			
Corrected Total	508.489	359			

a. R Squared = .231 (Adjusted R Squared = .205)

**2.7.1 Effects of treatment on Happiness and Satisfaction**

The hypothesis no.19 of the study was " There is no significant difference between mean Happiness and satisfaction component score of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.19 shows that the F ratio for the treatment effect was 0.67 and it was not significant at 0.05 levels. Hence hypothesis no.19 was retained. It can be interpreted that there was no significant effect of treatment on happiness and satisfaction component of self-concept means.

The reason might be that change in happiness and satisfaction takes place after a person gets some goal and achieve something. The sample of the children is studying in 7<sup>th</sup> standard. They are far from the goal. Happiness and satisfaction includes inner and outer satisfaction. This is a big term, endless story. Change in happiness and satisfaction perhaps takes long time. First change occurs in thoughts, then feelings and lastly change occurs in happiness and satisfaction or outer level. Change in happiness and satisfaction may occur, if therapist gives treatment for long period. So

treatment has not shown any significant effect in happiness and satisfaction component of self-concept measurement.

**Table: 4.19.B**

**Dependent Variable: Score on the Posttest of Happiness and satisfaction Estimated Marginal Means for Treatment**

**TREATMENT**

**Dependent Variable: HPS.POST**

TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	6.657 <sup>a</sup>	.098	6.465	6.849
2.00	6.615 <sup>a</sup>	.098	6.423	6.807
3.00	6.661 <sup>a</sup>	.100	6.465	6.858

a. Evaluated at covariates appeared in the model: HPS.PRE = 5.2639.

It can be seen from table 4.19.B that Combine treatment was more effective than other treatment as the mean scores of happiness and satisfaction were 6.66 and 6.65 and 6.61 for Combine treatment, Affirmation and the Visualization treatment respectively. Affirmation group was nearly same as Combine treatment group as far as the happiness and satisfaction is concerned. But there was not significant difference regarding various treatment of clinical hypnosis on happiness and satisfaction component of self-concept.

### **2.7.2 The interactive effect of gender and treatment**

The hypothesis no.20 of the study was “There is no significant interactive effect of gender and treatment on mean Happiness and Satisfaction component score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.19 shows that the F ratio for interactive effect of gender and treatment was 0.74 and it was not significant at 0.05 levels. So the null hypothesis no.20 of the study was retained and it was interpreted that interactive effect of gender and treatment was not effective for the happiness and satisfaction component of self-concept.

This means that administration of interactive effect of gender and treatment had not significant effect on happiness and satisfaction component of self-concept. It can be seen in table no. 4.19.

**Table: 4.20****GENDER****Dependent Variable: HPS.POST**

<b>GENDER</b>	<b>Mean</b>	<b>Std. Error</b>	<b>95% Confidence Interval</b>	
			<b>Lower Bound</b>	<b>Upper Bound</b>
<b>1.00</b>	<b>6.791<sup>a</sup></b>	<b>.079</b>	<b>6.636</b>	<b>6.947</b>
<b>2.00</b>	<b>6.497<sup>a</sup></b>	<b>.079</b>	<b>6.342</b>	<b>6.653</b>

a. Evaluated at covariates appeared in the model: HPS.PRE = 5.2639.

**Table: 4.20.A****GENDER \* TREATMENT****Dependent Variable: HPS.POST**

<b>GENDER</b>	<b>TREATMENT</b>	<b>Mean</b>	<b>Std. Error</b>	<b>95% Confidence Interval</b>	
				<b>Lower Bound</b>	<b>Upper Bound</b>
<b>1.00</b>	<b>1.00</b>	<b>6.863<sup>a</sup></b>	<b>.138</b>	<b>6.592</b>	<b>7.135</b>
	<b>2.00</b>	<b>6.799<sup>a</sup></b>	<b>.138</b>	<b>6.527</b>	<b>7.071</b>
	<b>3.00</b>	<b>6.712<sup>a</sup></b>	<b>.139</b>	<b>6.439</b>	<b>6.986</b>
<b>2.00</b>	<b>1.00</b>	<b>6.450<sup>a</sup></b>	<b>.137</b>	<b>6.180</b>	<b>6.720</b>
	<b>2.00</b>	<b>6.432<sup>a</sup></b>	<b>.137</b>	<b>6.162</b>	<b>6.701</b>
	<b>3.00</b>	<b>6.610<sup>a</sup></b>	<b>.139</b>	<b>6.336</b>	<b>6.884</b>

a. Evaluated at covariates appeared in the model: HPS.PRE = 5.2639.

It can be seen from table 4.20 that Male had high mean score than Female as the mean scores of happiness and satisfaction were 6.79 and 6.49 for Male and the Female respectively. There was significant difference regarding only gender but there was not significant difference regarding interactive effect of gender and treatment on happiness and satisfaction.

It can be seen from table 4.20.A that in Male group Affirmation treatment was more effective than other treatment as the mean scores of happiness and satisfaction were 6.86 and 6.79 for Affirmation and the Visualization treatment respectively. The mean score in Combine group was 6.71 as far as the happiness and satisfaction is concerned. And there was significant difference regarding various treatment of clinical hypnosis on happiness and satisfaction as a component of self-concept.

But in Female group Combine treatment was more effective than other treatment as the mean scores of happiness and satisfaction were 6.61 and 6.45 for the combine treatment and Affirmation treatment respectively. The mean score in Visualization group was 6.43 as far as the happiness and satisfaction is concerned. And there was significant difference regarding



various treatment of clinical hypnosis on happiness and satisfaction as a component of self-concept.

The reason might be that Male likes Visualization most rather than Affirmation because Visualization is like mother touch treatment, male likes most. And Female likes Combine treatment most rather than other treatment because Visualization is like father touch treatment, and they are habituated to obey commands very easily. So Female likes Affirmation treatment too. But there was not significant difference regarding various treatment of clinical hypnosis and interactive effect of gender and treatment on happiness and satisfaction as a component of self-concept.

### 2.7.3 The interactive effect of types of dchool and treatment

The hypothesis no.21of the study was “There is no significant interactive effect of types of school and treatment on mean Happiness and Satisfaction component score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.19 shows that the F ratio for the interactive effect of types of school and treatment was 22.16 and it was significant at 0.01 levels. Hence hypothesis no.21 was rejected. It can be interpreted that there was significant interactive effect of types of school and treatment on happiness and satisfaction component of self-concept means.

**Table: 4.21**

SCHOOL

Dependent Variable: HPS.POST

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	6.590 <sup>a</sup>	.081	6.431	6.750
2.00	6.699 <sup>a</sup>	.081	6.539	6.858

a. Evaluated at covariates appeared in the model: HPS.PRE = 5.2639.

**Table: 4.21.A****SCHOOL \* TREATMENT****Dependent Variable: HPS.POST**

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	6.443 <sup>a</sup>	.139	6.169	6.717
	2.00	7.082 <sup>a</sup>	.138	6.810	7.354
	3.00	6.246 <sup>a</sup>	.137	5.975	6.516
2.00	1.00	6.871 <sup>a</sup>	.137	6.601	7.140
	2.00	6.148 <sup>a</sup>	.137	5.879	6.418
	3.00	7.077 <sup>a</sup>	.149	6.785	7.369

a. Evaluated at covariates appeared in the model: HPS.PRE = 5.2639.

As the table 4.19 shows interactive effects of types of school and treatment produced significant effect on happiness and satisfaction component of self-concept measurement but types of school and treatment itself has no significant effect. This means that interactive effects of types of school and treatment, has specific effect on happiness and satisfaction component of self-concept.

It can be seen from table 4.20 that public school had high mean score than private school as the mean scores of happiness and satisfaction were 6.69 and 6.59 for the public and private school respectively. There was not significant difference regarding only types of school but there was significant difference regarding interactive effect of types of school and treatment on happiness and satisfaction.

It can be seen from table 4.21.A that in private school group, Visualization treatment was more effective than other treatment as the mean scores of happiness and satisfaction were 7.08 and 6.44 for Visualization and Affirmation treatment group respectively. The mean score in Combine treatment group was 6.24 as far as the happiness and satisfaction is concerned. And there was not significant difference regarding various treatment of clinical hypnosis on happiness and satisfaction component of self-concept.

But in public school group, Combine treatment was more effective than other treatment as the mean scores of happiness and satisfaction were 7.07 and 6.87 for the Combine treatment and Affirmation treatment respectively. The

mean score in Visualization group was 6.14 as far as the Happiness and satisfaction is concerned. And there was significant difference regarding various treatment of clinical hypnosis and interactive effect of gender and treatment on happiness and satisfaction component of self-concept.

The reason might be that children of private school used to follow commands easily, but they want happiness and satisfaction in depth of their heart and their imagination in their busy educational schedule. So Visualization treatment has shown significant effects. And children of public school like imagination about happiness and satisfaction as they come from lower social-economical background and they are also used to follow command since beginning. So combine treatment showed significant effects on them.

Thus, it can be seen by testing hypotheses no. 19, 20 and 21 that treatment, interactive effect of gender and treatment and types of school have no significant effect on happiness and satisfaction component of self-concept. But interactive effect of types of school and treatment have significant effect on happiness and satisfaction so, irrespective of gender and interactive effect of types of school and treatment, all treatments affect equally on happiness and satisfaction component of self-concept.

### **3 Results and discussion on Self-esteem**

Results and discussion regarding various component of self-esteem stated below.

#### **3.1 Results and discussion of Total Self-esteem as an aspect of self-esteem**

There were three null hypotheses regarding the total self-esteem as an aspect of self-esteem i.e. null hypotheses No 22 to 24. For testing these null hypotheses the statistical technique of ANCOVA was applied. SPSS was used to analyze the data for ANCOVA. In this ANCOVA the dependent variable was the scores on the post-test of total self-esteem and main independent variables were treatment, gender and types of school. All the descriptive statistics are presented table 4.22. The results of the ANCOVA for the Total self-esteem as an aspect of self-esteem is presented in table 4.22.A

**Table 4.22**

## Descriptive Statistics

Dependent Variable: TSE.POST

GENDER	SCHOOL	TREATMENT	Mean	Std. Deviation	N
1.00	1.00	1.00	44.2333	2.9088	30
		2.00	41.4667	5.5069	30
		3.00	43.1667	3.3639	30
		Total	42.9556	4.1998	90
	2.00	1.00	43.4333	3.1259	30
		2.00	45.4667	2.1453	30
		3.00	43.0667	3.0505	30
		Total	43.9889	2.9736	90
	Total	1.00	43.8333	3.0206	60
		2.00	43.4667	4.6083	60
		3.00	43.1167	3.1841	60
		Total	43.4722	3.6654	180
2.00	1.00	1.00	45.0667	3.1176	30
		2.00	45.9000	2.2644	30
		3.00	43.9333	3.6477	30
		Total	44.9667	3.1353	90
	2.00	1.00	44.5000	3.2457	30
		2.00	43.0667	2.3034	30
		3.00	40.7333	4.0252	30
		Total	42.7667	3.5885	90
	Total	1.00	44.7833	3.1681	60
		2.00	44.4833	2.6775	60
		3.00	42.3333	4.1361	60
		Total	43.8667	3.5366	180
Total	1.00	1.00	44.6500	3.0187	60
		2.00	43.6833	4.7353	60
		3.00	43.5500	3.5002	60
		Total	43.9611	3.8307	180
	2.00	1.00	43.9667	3.2047	60
		2.00	44.2667	2.5168	60
		3.00	41.9000	3.7312	60
		Total	43.3778	3.3429	180
	Total	1.00	44.3083	3.1189	120
		2.00	43.9750	3.7873	120
		3.00	42.7250	3.6964	120
		Total	43.6694	3.6019	360

**Table 4.22.A**

Tests of Between-Subjects Effects

Dependent Variable: TSE.POST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1834.391 <sup>a</sup>	12	152.866	18.788	.000
Intercept	6033.783	1	6033.783	741.594	.000
TSE.PRE	1062.093	1	1062.093	130.539	.000
GENDER	.252	1	.252	.031	.860
SCHOOL	2.259	1	2.259	.278	.599
TREATMENT	63.354	2	31.677	3.893	.021
GENDER * SCHOOL	208.581	1	208.581	25.636	.000
GENDER * TREATMENT	61.274	2	30.637	3.765	.024
SCHOOL * TREATMENT	42.968	2	21.484	2.641	.073
GENDER * SCHOOL * TREATMENT	99.239	2	49.619	6.099	.002
Error	2823.273	347	8.136		
Total	691185.000	360			
Corrected Total	4657.664	359			

a. R Squared = .394 (Adjusted R Squared = .373)

### 3.1.1 Effects of treatment on Total Self-esteem as an aspect of self-esteem

The hypothesis no.22 of the study was " There is no significant difference between mean Total Self-esteem score of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

According to table 4.22.A, the F ratio for the treatment effect was 3.89 and it was significant at 0.05 levels. Hence the null hypothesis no.22 of the study was rejected and it was interpreted that treatment was effective for total self-esteem.

This means that administration of various strategies of clinical hypnosis had significant effect on total self-esteem as an aspect of self-esteem. It can be seen in table no. 4.22.B respectively.

**Table: 4.22.B**

Dependent Variable: Score on the Posttest of Total Self-esteem as an aspect of Self-esteem.

Estimated Marginal Means for Treatment

# TREATMENT

Dependent Variable: TSE.POST

TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	44.066 <sup>a</sup>	.261	43.552	44.579
2.00	43.862 <sup>a</sup>	.261	43.349	44.374
3.00	43.081 <sup>a</sup>	.262	42.565	43.597

a. Evaluated at covariates appeared in the model: TSE.PRE = 38.0056.

According to table 4.22.B, Maximum mean scores 44.06 of Affirmation treated group suggest that Affirmation has affected positively in increasing total self-esteem. Visualization has also contributed and significantly in increasing total self-esteem as compared to Combine treatment group. However, the effect of Affirmation is higher than other treatment.

Total self-esteem is sum of various aspects of self-esteem like, general self-esteem, social self-esteem, academic self-esteem and parental self-esteem. Here the treatment is effective for most of the aspects of self-esteem like, general self-esteem, social self-esteem and academic self-esteem. So treatment was effective for total self-esteem.

According to Valente S.M. (1990), hypnosis effectively reduces anxiety, enhances coping, enhancing self-esteem and has been used successfully to treat behaviour disorders, school phobias, and sleep disorders. According to the study of Lynn S. Johnson (2006), hypnotherapy is seen as feasible in group administration by persons only moderately trained in hypnosis and of potential benefit to self-esteem improvement in LD children, depending on individual difference factors. Affirmation or suggestion is a natural instrument in social and total development of human being. According to experts, Affirmation or suggestion is an easy way for parents and teachers for the development of self-image of a child. Most of the children are used to follow or accept the suggestion naturally in the childhood. So Affirmation is important for the construction of the successful total self-image. And if a person's self image is positive, it results in total self-esteem and success. So Affirmation affects positively for enhancing total self-esteem.

### 3.1.2 The interactive effect of gender and treatment

The hypothesis no.23 of the study was “There is no significant interactive effect of gender and treatment on mean Total Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.22.A shows that the F ratio for interactive effect of gender and treatment was 3.76 and it was significant at 0.05 levels. So the null hypothesis no.23 of the study was rejected and it was interpreted that interactive effect of gender and treatment was effective for total self-esteem as an aspect of Self-esteem.

This means that administration of interactive effect of gender and treatment had significant effect on total self-esteem as an aspect of self-esteem. It can be seen in table no. 4.23 and 4.23.A respectively.

**Table: 4.23**

GENDER

Dependent Variable: TSE.POST

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	43.643 <sup>a</sup>	.213	43.224	44.062
2.00	43.696 <sup>a</sup>	.213	43.277	44.115

a. Evaluated at covariates appeared in the model: TSE.PRE = 38.0056.

**Table: 4.23. A**

GENDER \* TREATMENT

Dependent Variable: TSE.POST

GENDER	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	43.706 <sup>a</sup>	.368	42.981	44.430
	2.00	43.587 <sup>a</sup>	.368	42.862	44.311
	3.00	43.636 <sup>a</sup>	.371	42.906	44.366
2.00	1.00	44.425 <sup>a</sup>	.370	43.698	45.152
	2.00	44.136 <sup>a</sup>	.369	43.410	44.863
	3.00	42.526 <sup>a</sup>	.369	41.801	43.251

a. Evaluated at covariates appeared in the model: TSE.PRE = 38.0056.

Table 4.23.A shows that for male subjects, Affirmation treatment group and Combine group was more effective respectively than Visualization treatment; and in the case of female too, Affirmation was more effective.

It can be seen from table 4.23.A that in Male group Affirmation treatment was more effective than other treatment as the mean scores of total self-esteem were 43.70 and 43.63 for Affirmation and Combine treatment respectively. The mean score in Visualization group was 43.58 as far as the Total Self-esteem is concerned. And there was significant difference regarding various treatment of clinical hypnosis on total self-esteem.

But in Female group Affirmation treatment was more effective than other treatment as the mean scores of total self-esteem were 44.42 and 44.13 for the Affirmation treatment and Visualization treatment respectively. The mean score in Combine group was 42.52 as far as the total self-esteem is concerned. And there was significant difference regarding various treatment of clinical hypnosis on total self-esteem. Here, in male Affirmation treatment seems effective to increase self-assurance and in females also Affirmation seems effective to increase self-assurance.

The reason for high effect of Affirmation than Visualization on total self-esteem may lie in the fact that suggestion is a natural instrument in social and total development of human being. According to experts, Affirmation or suggestion is an easy way for parents and teachers for the development of self-image of children of both the gender. Most of the children are used to follow or accept the suggestion naturally in the childhood. According to Woolson and Donald A. (1986), primary suggestibility correlates highly with hypnotizability, while secondary suggestibility does not and has been reported to be a subject's response to indirect suggestion. So Affirmation is important for the construction of the successful total self-image of children of both the gender.

Hence there was not significant difference regarding interactive effect of gender and treatment of clinical hypnosis on total self-esteem.



### 3.1.3 The interactive effect of types of school and treatment

The hypothesis no.24 of the study was “There is no significant interactive effect of types of school and treatment on mean Total Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.22.A shows that the F ratio for interactive effect of types of school and treatment was 2.64 and it was not significant at 0.05 levels. So the null hypothesis no.24 of the study was retained and it was interpreted that interactive effect of types of school and treatment was not effective for the total self-esteem as an aspect of self-esteem.

This means that administration of types of school as well as interactive effect of types of school and treatment had not significant effect on total self-esteem as an aspect of self-esteem. It can be seen in table no. 4.24 and 4.24.A respectively.

**Table 4.24**

SCHOOL

Dependent Variable: TSE.POST

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	43.749 <sup>a</sup>	.213	43.330	44.169
2.00	43.590 <sup>a</sup>	.213	43.170	44.009

a. Evaluated at covariates appeared in the model: TSE.PRE = 38.0056.

**Table 4.24.A**

SCHOOL \* TREATMENT

Dependent Variable: TSE.POST

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	44.309 <sup>a</sup>	.369	43.582	45.035
	2.00	43.460 <sup>a</sup>	.369	42.735	44.186
	3.00	43.479 <sup>a</sup>	.368	42.754	44.203
2.00	1.00	43.822 <sup>a</sup>	.368	43.098	44.547
	2.00	44.263 <sup>a</sup>	.368	43.539	44.987
	3.00	42.684 <sup>a</sup>	.375	41.947	43.420

a. Evaluated at covariates appeared in the model: TSE.PRE = 38.0056.

As the table 4.22.A shows types of school and interactive effects of types of school and treatment has not produced significant effect on total self-esteem measurement.

It can be seen from table 4.24 that private school had high mean score than public school as the mean scores of total self-esteem were 43.74 and 43.59 for the private and public school respectively. There was not significant difference regarding types of school and regarding interactive effect of types of school and treatment on total self-esteem.

It can be seen from table 4.24.A that in private school group, Affirmation treatment was more effective than other treatment as the mean scores of total self-esteem were 44.30 and 43.47 for Affirmation and Combine treatment group respectively. The mean score in Visualization treatment group was 43.46 as far as the total self-esteem is concerned.

But in public school group, Visualization treatment was more effective than other treatment as the mean scores of total self-esteem were 44.26 and 43.82 for the Visualization treatment and Affirmation treatment respectively. The mean score in Combine group was 42.68 as far as the Total Self-esteem is concerned. And there was no significant difference regarding various treatment of clinical hypnosis and interactive effect of types of school and treatment on total self-esteem.

The reason might be that children of private school used to follow commands easily, so Affirmation treatment has shown significant effects. And children of public school like imagination as they come from lower social-economical background. Imagination is a handy tool for him to get satisfaction in life. So Visualization treatment has shown significant effects on them. But there was no significant difference regarding interactive effect of types of school and treatment on total self-esteem.

Thus, it can be seen by testing hypotheses no. 22, 23 and 24 that gender, types of school and interactive effect of types of school and treatment have no significant effect on total self-esteem. But, interactive effect of gender and treatment and treatment, have significant effect on total self-esteem. So,

irrespective of interactive effect of gender and treatment and treatment, all treatments affect equally on total self-esteem.

### 3.2 Results and discussion of General Self-esteem as an aspect of self-esteem

There were three null hypotheses regarding the general self-esteem as an aspect of self-esteem i.e. null hypotheses No 25 to 27.

For testing these null hypotheses the statistical technique of ANCOVA was applied. In this ANCOVA the dependent variable was the scores on the post-test of general self-esteem and main independent variables were treatment, gender and types of school.

SPSS was used to analyze the data for ANCOVA. All the possible interactive effects were tested too. The results of the ANCOVA for the general self-esteem as an aspect of self-esteem is presented in table 4.25. All the descriptive statistics are presented table 4.25.A.

**Table: 4.25**

Tests of Between-Subjects Effects

Dependent Variable: GSE.POST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	355.149 <sup>a</sup>	12	29.596	12.274	.000
Intercept	1343.824	1	1343.824	557.307	.000
GSE.PRE	221.651	1	221.651	91.923	.000
GENDER	.392	1	.392	.163	.687
SCHOOL	4.511E-02	1	4.511E-02	.019	.891
TREATMENT	15.317	2	7.659	3.176	.043
GENDER * SCHOOL	20.186	1	20.186	8.372	.004
GENDER * TREATMENT	20.438	2	10.219	4.238	.015
SCHOOL * TREATMENT	17.922	2	8.961	3.716	.025
GENDER * SCHOOL * TREATMENT	23.321	2	11.661	4.836	.008
Error	836.715	347	2.411		
Total	111197.000	360			
Corrected Total	1191.864	359			

a. R Squared = .298 (Adjusted R Squared = .274)

**Table: 4.25.A****Descriptive Statistics****Dependent Variable: GSE.POST**

<b>GENDER</b>	<b>SCHOOL</b>	<b>TREATMENT</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>N</b>
<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>17.9000</b>	<b>1.8634</b>	<b>30</b>
		<b>2.00</b>	<b>16.4667</b>	<b>2.5152</b>	<b>30</b>
		<b>3.00</b>	<b>17.3000</b>	<b>1.8597</b>	<b>30</b>
		<b>Total</b>	<b>17.2222</b>	<b>2.1608</b>	<b>90</b>
	<b>2.00</b>	<b>1.00</b>	<b>16.9667</b>	<b>1.6291</b>	<b>30</b>
		<b>2.00</b>	<b>18.0667</b>	<b>1.4126</b>	<b>30</b>
		<b>3.00</b>	<b>17.4000</b>	<b>1.8495</b>	<b>30</b>
		<b>Total</b>	<b>17.4778</b>	<b>1.6842</b>	<b>90</b>
	<b>Total</b>	<b>1.00</b>	<b>17.4333</b>	<b>1.7980</b>	<b>60</b>
		<b>2.00</b>	<b>17.2667</b>	<b>2.1774</b>	<b>60</b>
		<b>3.00</b>	<b>17.3500</b>	<b>1.8395</b>	<b>60</b>
		<b>Total</b>	<b>17.3500</b>	<b>1.9361</b>	<b>180</b>
<b>2.00</b>	<b>1.00</b>	<b>1.00</b>	<b>17.8000</b>	<b>1.9722</b>	<b>30</b>
		<b>2.00</b>	<b>18.5000</b>	<b>1.0422</b>	<b>30</b>
		<b>3.00</b>	<b>17.3000</b>	<b>2.0197</b>	<b>30</b>
		<b>Total</b>	<b>17.8667</b>	<b>1.7876</b>	<b>90</b>
	<b>2.00</b>	<b>1.00</b>	<b>17.9000</b>	<b>1.3481</b>	<b>30</b>
		<b>2.00</b>	<b>17.7667</b>	<b>.8976</b>	<b>30</b>
		<b>3.00</b>	<b>16.4000</b>	<b>1.8681</b>	<b>30</b>
		<b>Total</b>	<b>17.3556</b>	<b>1.5673</b>	<b>90</b>
	<b>Total</b>	<b>1.00</b>	<b>17.8500</b>	<b>1.6756</b>	<b>60</b>
		<b>2.00</b>	<b>18.1333</b>	<b>1.0328</b>	<b>60</b>
		<b>3.00</b>	<b>16.8500</b>	<b>1.9815</b>	<b>60</b>
		<b>Total</b>	<b>17.6111</b>	<b>1.6958</b>	<b>180</b>
<b>Total</b>	<b>1.00</b>	<b>1.00</b>	<b>17.8500</b>	<b>1.9029</b>	<b>60</b>
		<b>2.00</b>	<b>17.4833</b>	<b>2.1667</b>	<b>60</b>
		<b>3.00</b>	<b>17.3000</b>	<b>1.9249</b>	<b>60</b>
		<b>Total</b>	<b>17.5444</b>	<b>2.0037</b>	<b>180</b>
	<b>2.00</b>	<b>1.00</b>	<b>17.4333</b>	<b>1.5554</b>	<b>60</b>
		<b>2.00</b>	<b>17.9167</b>	<b>1.1831</b>	<b>60</b>
		<b>3.00</b>	<b>16.9000</b>	<b>1.9107</b>	<b>60</b>
		<b>Total</b>	<b>17.4167</b>	<b>1.6234</b>	<b>180</b>
	<b>Total</b>	<b>1.00</b>	<b>17.6417</b>	<b>1.7432</b>	<b>120</b>
		<b>2.00</b>	<b>17.7000</b>	<b>1.7518</b>	<b>120</b>
		<b>3.00</b>	<b>17.1000</b>	<b>1.9203</b>	<b>120</b>
		<b>Total</b>	<b>17.4806</b>	<b>1.8221</b>	<b>360</b>

### 3.1.1 Effects of treatment on General Self-esteem as an aspect of self-esteem

The hypothesis no.25 of the study was " There is no significant difference between mean General Self-esteem score of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

According to table 4.25, the F ratio for the treatment effect was 3.17 and it was significant at 0.05 levels. Hence the null hypothesis no.25 of the study was rejected and it was interpreted that treatment was effective for general self-esteem as an aspect of self-esteem.

This means that administration of various strategies of clinical hypnosis had significant effect on general self-esteem as an aspect of self-esteem. It can be seen in table no. 4.25.B respectively.

**Table: 4.25.B**

**Dependent Variable: Score on the Posttest of General Self-esteem as an aspect of Self-esteem.  
Estimated Marginal Means for Treatment**

TREATMENT				
Dependent Variable: GSE.POST				
TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	17.612 <sup>a</sup>	.142	17.333	17.891
2.00	17.641 <sup>a</sup>	.142	17.362	17.920
3.00	17.188 <sup>a</sup>	.142	16.909	17.468

a. Evaluated at covariates appeared in the model: GSE.PRE = 15.5750.

According to table 4.25.B, Maximum mean scores 17.64 of Visualization treated group suggests that Visualization has affected positively in increasing general self-esteem. Affirmation has also contributed and significantly in increasing general self-esteem as compared to Combine treatment group. However, the effect of Visualization is higher than Affirmation.

The reason for high effect of Visualization than Affirmation on general self-esteem as an aspect of self-esteem may lies in the fact that Visualization is purely dealt with sub conscious level easily while; Affirmation affects firstly conscious level and there is a censor system which can by-pass the

affirmation too. So it might affect on its effectiveness for enhancing general self-esteem. And Visualization is concerned with feeling too. Bowhay, Cherry Lynn, 1985 also said about his results of study that members of the experimental groups believed that visualization could contribute significantly to self-understanding, felt differently about themselves as a result of learning about visualization, felt it would be useful for personal development, and felt they would use it in their own future self-development. So Visualization affects positively on self-concept.

### 3.1.2 The interactive effect of gender and treatment

The hypothesis no.26 of the study was “There is no significant interactive effect of gender and treatment on mean General Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.25 shows that the F ratio for interactive effect of gender and treatment was 4.23 and it was significant at 0.05 levels. So the null hypothesis no.26 of the study was rejected and it was interpreted that interactive effect of gender and treatment was effective for the general self-esteem as an aspect of self-esteem.

This means that administration of interactive effect of gender and treatment had significant effect on general self-esteem as an aspect of self-esteem. It can be seen in table no. 4.26 and 4.26.A respectively.

**Table 4.26**

**GENDER**

**Dependent Variable: GSE.POST**

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	17.447 <sup>a</sup>	.116	17.219	17.676
2.00	17.514 <sup>a</sup>	.116	17.285	17.742

a. Evaluated at covariates appeared in the model: GSE.PRE = 15.5750.

**Table 4.26.A****GENDER \* TREATMENT****Dependent Variable: GSE.POST**

<b>GENDER</b>	<b>TREATMENT</b>	<b>Mean</b>	<b>Std. Error</b>	<b>95% Confidence Interval</b>	
				<b>Lower Bound</b>	<b>Upper Bound</b>
<b>1.00</b>	<b>1.00</b>	<b>17.468<sup>a</sup></b>	<b>.201</b>	<b>17.074</b>	<b>17.863</b>
	<b>2.00</b>	<b>17.387<sup>a</sup></b>	<b>.201</b>	<b>16.992</b>	<b>17.782</b>
	<b>3.00</b>	<b>17.487<sup>a</sup></b>	<b>.201</b>	<b>17.091</b>	<b>17.882</b>
<b>2.00</b>	<b>1.00</b>	<b>17.756<sup>a</sup></b>	<b>.201</b>	<b>17.362</b>	<b>18.151</b>
	<b>2.00</b>	<b>17.895<sup>a</sup></b>	<b>.202</b>	<b>17.498</b>	<b>18.292</b>
	<b>3.00</b>	<b>16.890<sup>a</sup></b>	<b>.201</b>	<b>16.496</b>	<b>17.285</b>

a. Evaluated at covariates appeared in the model: GSE.PRE = 15.5750.

Table 4.26.A shows that for male subjects, Combine treatment group and affirmation group were more effective respectively than visualization treatment; whereas in the case of female, visualization was more effective.

Here, according to the table mean score of Combine treated male is 17.48 and mean score of affirmation treated male is 17.46 regarding general self-esteem as an aspect of self-esteem which means here Combine treatment group has been proved more effective treatment for males to enhance general self-esteem. The nature and content of hypnotic suggestions might have affected to enhance general self-esteem of children. The hypnotic suggestions show its usefulness to increase self-assured behaviour. In males visualization shows less effectiveness compared to combine treatment.

Whereas, in females, as per table no. 4.26.A visualization treatment shows to be more effective compared to affirmation to enhance general self-esteem. Here, in females visualization seems effective to increase self-assurance. This may be due to individual gender's characteristics.

### **3.2.3 The interactive effect of types of school and treatment**

The hypothesis no.27 of the study was "There is no significant interactive effect of types of school and treatment on mean General Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children."

The 4.25 shows that the F ratio for interactive effect of types of school and treatment was 3.71 and it was significant at 0.05 levels. So the null hypothesis

no.24 of the study was rejected and it was interpreted that interactive effect of types of school and treatment was effective for the general self-esteem as an aspect of Self-esteem.

This means that administration of interactive effect of types of school and treatment had significant effect on general self-esteem as an aspect of self-esteem. It can be seen in table no. 4.27 and 4.27.A respectively.

**Table 4.27**

**SCHOOL**

Dependent Variable: GSE.POST

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	17.492 <sup>a</sup>	.116	17.264	17.720
2.00	17.469 <sup>a</sup>	.116	17.241	17.697

a. Evaluated at covariates appeared in the model: GSE.PRE = 15.5750.

**Table 4.27.A**

**SCHOOL \* TREATMENT**

Dependent Variable: GSE.POST

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	17.912 <sup>a</sup>	.201	17.517	18.306
	2.00	17.395 <sup>a</sup>	.201	17.000	17.790
	3.00	17.169 <sup>a</sup>	.201	16.774	17.564
2.00	1.00	17.313 <sup>a</sup>	.201	16.918	17.708
	2.00	17.887 <sup>a</sup>	.200	17.493	18.282
	3.00	17.208 <sup>a</sup>	.203	16.809	17.607

a. Evaluated at covariates appeared in the model: GSE.PRE = 15.5750.

Table 4.27.A shows that for private school children, affirmation group was more effective respectively than combine treatment; whereas in the case of female, visualization was more effective. Here, according to the table, mean score of affirmation treated male is 17.91 and mean score of combine treated male is 17.16 regarding general self-esteem as an aspect of self-esteem which means here affirmation treated group has been proved more effective treatment for males to enhance general self-esteem.

It can be seen from table 4.27.A that in private school group, Affirmation treatment was more effective than other treatment as the mean scores of



general self-esteem were 17.91 and 17.39 for Affirmation and Visualization treatment group respectively. The mean score in Combine treatment group was 17.16 as far as the general self-esteem is concerned. And there was not significant difference regarding various treatment of clinical hypnosis on general self-esteem of self-concept.

But in public school group, Visualization treatment was more effective than other treatment as the mean scores of General Self-esteem were 17.88 and 17.31 for the Visualization treatment and Affirmation treatment respectively. The mean score in Combine group was 17.20 as far as the General Self-esteem is concerned. And there was significant difference regarding various treatment of clinical hypnosis and interactive effect of gender and treatment on general self-esteem of self-concept. The reason might be that the children of private school used to follow commands easily, so Affirmation treatment has shown significant effects. And the children of public school like imagination as they come from lower social-economical background. Imagination is a handy tool for them to get satisfaction in life. So Visualization treatment has shown significant effects on them.

Thus, it can be seen by testing hypotheses no. 25, 26 and 27 that treatment, interactive effect of gender and treatment and types of school have no significant effect on general self-esteem component of self-concept. But interactive effect of types of school and treatment have significant effect on general self-esteem so, irrespective of gender and interactive effect of types of school and treatment, all treatments affect equally on general self-esteem of self-concept.

### **3.3 Results and discussion of Social Self-esteem as an aspect of self-esteem**

There were three null hypotheses regarding the social self-esteem as an aspect of self-esteem i.e. null hypotheses No 28 to 30.

For testing these null hypotheses the statistical technique of ANCOVA was applied. SPSS was used to analyze the data for ANCOVA.

In this ANCOVA the dependent variable was the scores on the post-test of social self-esteem and main independent variables were treatment, gender

and types of school. All the descriptive statistics are presented table 4.28. The results of the ANCOVA for the social self-esteem as an aspect of self-esteem is presented in table 4.28.A.

**Table 4.28**

**Descriptive Statistics**

Dependent Variable: SSE.POST

GENDER	SCHOOL	TREATMENT	Mean	Std. Deviation	N
1.00	1.00	1.00	9.0333	.9279	30
		2.00	8.0667	1.4126	30
		3.00	8.5000	1.3834	30
		Total	8.5333	1.3086	90
	2.00	1.00	8.8667	1.4559	30
		2.00	9.6000	.6215	30
		3.00	8.4000	1.4527	30
		Total	8.9556	1.3232	90
	Total	1.00	8.9500	1.2133	60
		2.00	8.8333	1.3298	60
		3.00	8.4500	1.4073	60
		Total	8.7444	1.3292	180
2.00	1.00	1.00	9.2667	.7397	30
		2.00	9.1667	.9499	30
		3.00	8.6000	1.1919	30
		Total	9.0111	1.0111	90
	2.00	1.00	8.9667	1.2172	30
		2.00	8.1667	1.2058	30
		3.00	8.4667	1.3322	30
		Total	8.5333	1.2826	90
	Total	1.00	9.1167	1.0100	60
		2.00	8.6667	1.1885	60
		3.00	8.5333	1.2550	60
		Total	8.7722	1.1763	180
Total	1.00	1.00	9.1500	.8402	60
		2.00	8.6167	1.3160	60
		3.00	8.5500	1.2812	60
		Total	8.7722	1.1904	180
	2.00	1.00	8.9167	1.3314	60
		2.00	8.8833	1.1945	60
		3.00	8.4333	1.3823	60
		Total	8.7444	1.3165	180
	Total	1.00	9.0333	1.1147	120
		2.00	8.7500	1.2586	120
		3.00	8.4917	1.3284	120
		Total	8.7583	1.2534	360

**Table 4.28.A****Tests of Between-Subjects Effects****Dependent Variable: SSE.POST**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	153.960 <sup>a</sup>	12	12.830	10.858	.000
Intercept	907.709	1	907.709	768.205	.000
SSE.PRE	82.019	1	82.019	69.413	.000
GENDER	1.034	1	1.034	.875	.350
SCHOOL	.997	1	.997	.844	.359
TREATMENT	8.396	2	4.198	3.553	.030
GENDER * SCHOOL	11.603	1	11.603	9.820	.002
GENDER * TREATMENT	.666	2	.333	.282	.755
SCHOOL * TREATMENT	2.969	2	1.484	1.256	.286
GENDER * SCHOOL * TREATMENT	15.906	2	7.953	6.731	.001
Error	410.015	347	1.182		
Total	28179.000	360			
Corrected Total	563.975	359			

a. R Squared = .273 (Adjusted R Squared = .248)

**3.3.1 Effects of treatment on Social Self-esteem as an aspect of self-esteem**

The hypothesis no.28 of the study was " There is no significant difference between mean Social Self-esteem score of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

According to table 4.28.A, the F ratio for the treatment effect was 3.55 and it was significant at 0.05 levels. Hence the null hypothesis no.28 of the study was rejected and it was interpreted that treatment was effective for social self-esteem as an aspect of self-esteem.

This means that administration of various strategies of clinical hypnosis had significant effect on social self-esteem as an aspect of self-esteem. It can be seen in table no. 4.28.B respectively.

**Table 4.28.B**

**Dependent Variable: Score on the Posttest of General Self-esteem as an aspect of Self-esteem.**

**Estimated Marginal Means for Treatment**

**TREATMENT**

**Dependent Variable: SSE.POST**

TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	8.967 <sup>a</sup>	.100	8.771	9.163
2.00	8.708 <sup>a</sup>	.099	8.512	8.903
3.00	8.600 <sup>a</sup>	.100	8.403	8.797

a. Evaluated at covariates appeared in the model: SSE.PRE = 6.8944.

According to table 4.28.B, Maximum mean scores 8.96 of Affirmation treated group suggest that Affirmation has affected positively in increasing social self-esteem. Visualization has also contributed and significantly in increasing social self-esteem as compared to Combine treatment group. However, the effect of Affirmation is higher than Visualization.

The reason for high effect of Affirmation than Visualization on social self-esteem as an aspect of self-esteem may lies in the fact that suggestion is an instrument of the socialization. Socialization is also important for the construction of the social self-image. A child naturally accepts suggestions as a part of socialization. And if a person's social image is positive, it results in social self-esteem. According to Tom Craft (2006), after ten treatment sessions, the patient reported that the snoring symptom had been completely eliminated through direct suggestions. So Affirmation affects positively for enhancing social self-esteem.

### **3.3.2 The interactive effect of gender and treatment**

The hypothesis no.29 of the study was "There is no significant interactive effect of gender and treatment on mean Social Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children."

The table 4.28.A shows that the F ratio for interactive effect of gender and treatment was .282 and it was not significant at 0.05 levels. So the null hypothesis no.29 of the study was retained and it was interpreted that

interactive effect of gender and treatment was not effective for social self-esteem as an aspect of self-esteem.

This means that administration of interactive effect of gender and treatment had not significant effect on social self-esteem as an aspect of self-esteem. It can be seen in table no. 4.29 and 4.29.A respectively.

**Table 4.29**

**GENDER**

**Dependent Variable: SSE.POST**

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	8.705 <sup>a</sup>	.081	8.545	8.864
2.00	8.812 <sup>a</sup>	.081	8.652	8.972

a. Evaluated at covariates appeared in the model: SSE.PRE = 6.8944.

**Table 4.29.A**

**GENDER \* TREATMENT**

**Dependent Variable: SSE.POST**

GENDER	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	8.853 <sup>a</sup>	.141	8.576	9.130
	2.00	8.688 <sup>a</sup>	.141	8.410	8.966
	3.00	8.573 <sup>a</sup>	.141	8.295	8.850
2.00	1.00	9.082 <sup>a</sup>	.140	8.805	9.358
	2.00	8.727 <sup>a</sup>	.141	8.451	9.004
	3.00	8.627 <sup>a</sup>	.141	8.351	8.904

a. Evaluated at covariates appeared in the model: SSE.PRE = 6.8944.

Table 4.29.A shows that for male subjects, Affirmation treatment group and Visualization group were more effective respectively than combine treatment; and in the case of female, Affirmation was more effective.

It can be seen from table 4.29.A that in Male group Affirmation treatment was more effective than other treatment as the mean scores of Social Self-esteem were 8.85 and 8.68 for Affirmation and the Visualization treatment respectively. The mean score in Combine group was 8.57 as far as the social self-esteem is concerned. And there was significant difference regarding various treatment of clinical hypnosis on social self-esteem.

But in Female group Affirmation treatment was more effective than other treatment as the mean scores of social self-esteem were 9.08 and 8.72 for the Affirmation treatment and Visualization treatment respectively. The mean score in Combine group was 8.62 as far as the social self-esteem is concerned. And there was significant difference regarding various treatment of clinical hypnosis on social self-esteem.

Here, in females Affirmation seems effective to increase self-assurance. Affirmation affects same to both genders. This may be due to impact of suggestion in the process of socialization as mentioned earlier.

Hence there was not significant difference regarding interactive effect of gender and treatment of clinical hypnosis on social self-esteem.

### **3.3.3 The interactive effect of types of school and treatment**

The hypothesis no.30 of the study was "There is no significant interactive effect of types of school and treatment on mean Social Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children."

The 4.28.A shows that the F ratio for interactive effect of types of school and treatment was 1.25 and it was not significant at 0.05 levels. So the null hypothesis no.30 of the study was retained and it was interpreted that interactive effect of types of school and treatment was not effective for the social self-esteem as an aspect of self-esteem.

This means that administration of interactive effect of types of school and treatment had not significant effect on social self-esteem as an aspect of self-esteem. It can be seen in table no. 4.30 and 4.30.A respectively.

**Table 4.30****SCHOOL**

Dependent Variable: SSE.POST

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	8.705 <sup>a</sup>	.081	8.545	8.865
2.00	8.811 <sup>a</sup>	.081	8.651	8.972

a. Evaluated at covariates appeared in the model: SSE.PRE = 6.8944.

**Table 4.30.A****SCHOOL \* TREATMENT**

Dependent Variable: SSE.POST

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	9.000 <sup>a</sup>	.141	8.722	9.278
	2.00	8.529 <sup>a</sup>	.141	8.252	8.806
	3.00	8.587 <sup>a</sup>	.140	8.311	8.863
2.00	1.00	8.934 <sup>a</sup>	.140	8.658	9.210
	2.00	8.887 <sup>a</sup>	.140	8.611	9.163
	3.00	8.614 <sup>a</sup>	.142	8.334	8.893

a. Evaluated at covariates appeared in the model: SSE.PRE = 6.8944.

As the table 4.30.A shows types of school and interactive effects of types of school and treatment has not produced significant effect on social self-esteem of self-esteem measurement.

It can be seen from table 4.30 that public school had high mean score than private school as the mean scores of social self-esteem were 8.81 and 8.70 for the public and private school respectively. There was not significant difference regarding only types of school but there was also not significant difference regarding interactive effect of types of school on social self-esteem.

It can be seen from table 4.30.A that in private school group, Affirmation treatment was more effective than other treatment as the mean scores of social self-esteem were 9.00 and 8.58 for Affirmation and Combine treatment group respectively. The mean score in Visualization treatment group was 8.52 as far as the social self-esteem is concerned.

But in public school group, Affirmation treatment was more effective than other treatment as the mean scores of Social Self-esteem were 8.93 and 8.88 for the Affirmation treatment and Visualization treatment respectively. The mean score in Combine group was 8.61 as far as the social self-esteem is concerned. And there was not significant difference regarding interactive effect of types of school and treatment on social self-esteem.

The reason might be for high effect of Affirmation than Visualization on social self-esteem as an aspect of self-esteem for children of both types of school may lie in the fact that suggestion is an instrument of the socialization. Socialization is also important for construction of the social self-image. A child naturally accepts suggestions as a part of socialization. And if a person's social image is positive, it results in social self-esteem. So Affirmation affects positively for enhancing social self-esteem for children of both types of school.

Thus, it can be seen by testing hypotheses no. 28, 29 and 30 that gender, types of school, interactive effect of gender and treatment and interactive effect of types of school and treatment has no significant effect on Social self-esteem. But treatment has significant effect on social self-esteem. So, irrespective of treatment, all treatments affect equally on social self-esteem.

### **3.4 Results and discussion of Academic Self-esteem as an aspect of self-esteem**

There were three null hypotheses regarding the academic self-esteem as an aspect of self-esteem i.e. null hypotheses No 31 to 33.

For testing these null hypotheses the statistical technique of ANCOVA was applied. SPSS was used to analyze the data for ANCOVA. In this ANCOVA the dependent variable was the scores on the post-test of academic self-esteem and main independent variables were treatment, gender and types of school.



All the descriptive statistics are presented in table 4.31. The results of the ANCOVA for the academic self-esteem as an aspect of self-esteem is presented in table 4.31.A.

**Table 4.31**

**Descriptive Statistics**

Dependent Variable: ASE.POST

GENDER	SCHOOL	TREATMENT	Mean	Std. Deviation	N
1.00	1.00	1.00	9.0333	.8503	30
		2.00	8.9333	1.4126	30
		3.00	8.8667	1.2794	30
		Total	8.9444	1.1932	90
	2.00	1.00	8.7333	1.3629	30
		2.00	9.4333	.8172	30
		3.00	8.5667	1.2780	30
		Total	8.9111	1.2238	90
	Total	1.00	8.8833	1.1363	60
		2.00	9.1833	1.1716	60
		3.00	8.7167	1.2768	60
		Total	8.9278	1.2053	180
2.00	1.00	1.00	9.2667	.7849	30
		2.00	9.7333	.5208	30
		3.00	9.2000	.8469	30
		Total	9.4000	.7614	90
	2.00	1.00	8.9667	1.2172	30
		2.00	8.7667	1.0400	30
		3.00	7.9333	1.1725	30
		Total	8.5556	1.2189	90
	Total	1.00	9.1167	1.0266	60
		2.00	9.2500	.9500	60
		3.00	8.5667	1.1984	60
		Total	8.9778	1.0983	180
Total	1.00	1.00	9.1500	.8198	60
		2.00	9.3333	1.1300	60
		3.00	9.0333	1.0887	60
		Total	9.1722	1.0239	180
	2.00	1.00	8.8500	1.2865	60
		2.00	9.1000	.9863	60
		3.00	8.2500	1.2572	60
		Total	8.7333	1.2309	180
	Total	1.00	9.0000	1.0847	120
		2.00	9.2167	1.0626	120
		3.00	8.6417	1.2353	120
		Total	8.9528	1.1517	360

**Table 4.31.A**

Tests of Between-Subjects Effects

Dependent Variable: ASE.POST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	108.304 <sup>a</sup>	12	9.025	8.513	.000
Intercept	587.687	1	587.687	554.312	.000
ASE.PRE	39.740	1	39.740	37.483	.000
GENDER	.225	1	.225	.212	.645
SCHOOL	9.273	1	9.273	8.747	.003
TREATMENT	14.640	2	7.320	6.904	.001
GENDER * SCHOOL	9.732	1	9.732	9.179	.003
GENDER * TREATMENT	4.238	2	2.119	1.999	.137
SCHOOL * TREATMENT	8.625	2	4.313	4.068	.018
GENDER * SCHOOL * TREATMENT	7.600	2	3.800	3.584	.029
Error	367.893	347	1.060		
Total	29331.000	360			
Corrected Total	476.197	359			

a. R Squared = .227 (Adjusted R Squared = .201)

### 3.4.1 Effects of treatment on Academic Self-esteem as an aspect of self-esteem

The hypothesis no.31 of the study was " There is no significant difference between mean Academic Self-esteem score of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

According to table 4.31.A, the F ratio for the treatment effect was 6.90 and it was significant at 0.01 levels. Hence the null hypothesis no.31 of the study was rejected and it was interpreted that treatment was effective for academic self-esteem as an aspect of self-esteem.

This means that administration of various strategies of clinical hypnosis had significant effect on academic self-esteem as an aspect of self-esteem. It can be seen in table no. 4.31.B respectively.

**Table 31.B**

Dependent Variable: Score on the Posttest of General Self-esteem as an aspect of Self-esteem.

Estimated Marginal Means for Treatment

# TREATMENT

Dependent Variable: ASE.POST

TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	9.021 <sup>a</sup>	.094	8.836	9.206
2.00	9.160 <sup>a</sup>	.094	8.974	9.346
3.00	8.678 <sup>a</sup>	.094	8.492	8.863

a. Evaluated at covariates appeared in the model: ASE.PRE = 7.8722.

According to table 4.31.B, Maximum mean scores 9.16 of Visualization treated group suggest that Visualization has affected positively in increasing academic self-esteem. Affirmation has also contributed and significantly in increasing academic self-esteem as compared to Combine treatment group. However, the effect of Visualization is higher than Affirmation.

The reason for high effect of Visualization than Affirmation on academic self-esteem as an aspect of self-esteem may lie in the fact that imagination is a natural trait in this pre-adolescents age. In this fast and competitive age, imagination gives great relief to children in their busy academic schedule. One picture is more than thousands of words. Children like to visualize themselves as successful students. Visualization is also important for the construction of the successful academic self-image. And if a person's Academic image is positive, it results in academic self-esteem and success.

Results showed that the hypnosis-induced mental training had a significant positive effect on the self-concept of the students. This improvement in self-concept showed improved academic achievement as well. These shows that simple hypnosis techniques can be used not only improve to students' self-concept and self-esteem, but can also have a positive impact on their academic achievement (De Vos & Louw, 2009). Bowhay, Cherry Lynn, 1985 also said about his Results of study that members of the experimental groups believed that visualization could contribute significantly to self-understanding, felt differently about themselves as a result of learning about visualization, felt it would be useful for personal development, and felt they would use it in their own future self-development. So Visualization affects positively for enhancing academic self-esteem.

### 3.4.2 The interactive effect of gender and treatment

The hypothesis no.32 of the study was “There is no significant interactive effect of gender and treatment on mean Academic Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.31.A shows that the F ratio for interactive effect of gender and treatment was 1.99 and it was not significant at 0.05 levels. So the null hypothesis no.32 of the study was retained and it was interpreted that interactive effect of gender and treatment was not effective for Academic Self-esteem as an aspect of self-esteem.

This means that administration of interactive effect of gender and treatment had not significant effect on academic self-esteem as an aspect of self-esteem. It can be seen in table no. 4.29 and 4.29.A respectively.

**Table 4.32**

GENDER

Dependent Variable: ASE.POST

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	8.928 <sup>a</sup>	.077	8.777	9.079
2.00	8.978 <sup>a</sup>	.077	8.827	9.129

a. Evaluated at covariates appeared in the model: ASE.PRE = 7.8722.

**Table 4.32.A**

GENDER \* TREATMENT

Dependent Variable: ASE.POST

GENDER	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	8.854 <sup>a</sup>	.133	8.592	9.115
	2.00	9.154 <sup>a</sup>	.133	8.892	9.415
	3.00	8.776 <sup>a</sup>	.133	8.514	9.038
2.00	1.00	9.187 <sup>a</sup>	.133	8.925	9.450
	2.00	9.166 <sup>a</sup>	.134	8.904	9.429
	3.00	8.580 <sup>a</sup>	.133	8.318	8.841

a. Evaluated at covariates appeared in the model: ASE.PRE = 7.8722.

Table 4.32.A shows that for male subjects, Visualization treatment group and Affirmation group was more effective respectively than combine treatment; and in the case of female, Affirmation was more effective.

It can be seen from table 4.32.A that in Male group, Visualization treatment was more effective than other treatment as the mean scores of academic self-esteem were 9.15 and 8.85 for Visualization and Affirmation treatment respectively. The mean score in Combine group was 8.77 as far as the academic self-esteem is concerned. And there was significant difference regarding various treatment of clinical hypnosis on academic self-esteem.

But in Female group, Affirmation treatment was more effective than other treatment as the mean scores of academic self-esteem were 9.18 and 9.16 for the Affirmation treatment and Visualization treatment respectively. The mean score in Combine group was 8.58 as far as the Academic Self-esteem is concerned. And there was significant difference regarding various treatment of clinical hypnosis on academic self-esteem. Here, in male Visualization treatment seems effective to increase self-assurance and in females Affirmation seems effective to increase self-assurance.

The reason might be that Male likes Visualization most rather than Affirmation because Visualization is like mother touch treatment, male likes most. And Female likes Affirmation treatment most rather than other treatments because Affirmation is like father touch treatment, female likes most and Females are habituated to obey command very easily too so Female likes Affirmation treatment most. But there was not significant difference regarding gender and interactive effect of gender and treatment on academic self-esteem.

Hence there was not significant difference regarding interactive effect of gender and treatment of clinical hypnosis on academic self-esteem.

### **3.4.3 The interactive effect of types of school and treatment**

The hypothesis no.33 of the study was "There is no significant interactive effect of types of school and treatment on mean Academic Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children."

The 4.31.A shows that the F ratio for interactive effect of types of school and treatment was 4.06 and it was significant at 0.05 levels. So the null hypothesis no.33 of the study was rejected and it was interpreted that interactive effect of types of school and treatment was effective for the academic self-esteem as an aspect of self-esteem. This means that administration of types of school as well as interactive effect of types of school and treatment had significant effect on academic self-esteem as an aspect of self-esteem. It can be seen in table no. 4.33 and 4.33.A respectively.

**Table: 4.33**

**SCHOOL**

**Dependent Variable: ASE.POST**

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	9.116 <sup>a</sup>	.077	8.964	9.268
2.00	8.790 <sup>a</sup>	.077	8.638	8.942

a. Evaluated at covariates appeared in the model: ASE.PRE = 7.8722.

**Table: 4.33.A**

**SCHOOL \* TREATMENT**

**Dependent Variable: ASE.POST**

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	9.043 <sup>a</sup>	.134	8.779	9.307
	2.00	9.246 <sup>a</sup>	.134	8.983	9.509
	3.00	9.058 <sup>a</sup>	.133	8.796	9.319
2.00	1.00	8.998 <sup>a</sup>	.135	8.732	9.264
	2.00	9.074 <sup>a</sup>	.133	8.813	9.336
	3.00	8.298 <sup>a</sup>	.133	8.036	8.560

a. Evaluated at covariates appeared in the model: ASE.PRE = 7.8722.

As the table 4.33.A shows types of school and interactive effects of types of school and treatment has produced significant effect on academic self-esteem measurement.

It can be seen from table 4.33 that private school had high mean score than public school as the mean scores of academic self-esteem were 8.81 and 8.70 for the private and public school respectively. There was significant difference regarding not only types of school but there was also significant difference regarding interactive effect of types of school and treatment on

academic self-esteem. It can be seen from table 4.33.A that in private school group, Visualization treatment was more effective than other treatment as the mean scores of academic self-esteem were 9.24 and 9.05 for Visualization and Combine treatment group respectively. The mean score in Affirmation treatment group was 9.04 as far as the academic self-esteem is concerned.

But in public school group, Visualization treatment was more effective than other treatment as the mean scores of academic self-esteem were 9.07 and 8.99 for the Visualization treatment and Affirmation treatment respectively. The mean score in Combine group was 8.29 as far as the academic self-esteem is concerned. And there was significant difference regarding various treatment of clinical hypnosis and interactive effect of types of school and treatment on academic self-esteem. The reason for high effect of Visualization than Affirmation on academic self-esteem as an aspect of self-esteem may lie in the fact that imagination is a natural trait in this pre-adolescents age. In this fast and competitive age, imagination gives great relief to children of both types of school in their busy academic schedule. Children of both types of school liked to visualize themselves as successful students. Visualization is also important for the construction of the successful academic self-image. So Visualization affects positively for enhancing academic self-esteem of children of both types of school.

Thus, it can be seen by testing hypotheses no. 31, 32 and 33 that gender and interactive effect of gender and treatment have no significant effect on academic self-esteem. But types of school, interactive effect of types of school and treatment have significant effect on academic self-esteem so, irrespective of and treatment, types of school, and interactive effect of types of school and treatment, all treatments affect equally on academic self-esteem.

### **3.5 Results and discussion of Parental Self-esteem as an aspect of self-esteem**

There were three null hypotheses regarding the parental self-esteem as an aspect of self-esteem i.e. null hypotheses No 34 to 36.

For testing these null hypotheses the statistical technique of ANCOVA was applied. All the descriptive statistics are presented table 4.34. The result of

the ANCOVA for the parental self-esteem as an aspect of self-esteem is presented in table 4.34.A

**Table 4.34**

Descriptive Statistics

Dependent Variable: PSE.POST

GENDER	SCHOOL	TREATMENT	Mean	Std. Deviation	N
1.00	1.00	1.00	8.2667	.6397	30
		2.00	8.0000	1.0171	30
		3.00	8.5000	1.1064	30
		Total	8.2556	.9547	90
	2.00	1.00	8.8667	1.3578	30
		2.00	8.3667	.9643	30
		3.00	8.7000	1.0222	30
		Total	8.6444	1.1349	90
	Total	1.00	8.5667	1.0949	60
		2.00	8.1833	.9999	60
		3.00	8.6000	1.0609	60
		Total	8.4500	1.0638	180
	1.00	1.00	8.7333	.7849	30
		2.00	8.5000	1.0086	30
		3.00	8.8333	.6989	30
		Total	8.6889	.8433	90
	2.00	1.00	8.7667	1.1943	30
		2.00	8.5333	1.0743	30
		3.00	7.9333	1.1121	30
		Total	8.4111	1.1698	90
	Total	1.00	8.7500	1.0021	60
		2.00	8.5167	1.0332	60
		3.00	8.3833	1.0266	60
		Total	8.5500	1.0263	180
2.00	1.00	1.00	8.5000	.7479	60
		2.00	8.2500	1.0354	60
		3.00	8.6667	.9328	60
		Total	8.4722	.9241	180
	2.00	1.00	8.8167	1.2688	60
		2.00	8.4500	1.0156	60
		3.00	8.3167	1.1273	60
		Total	8.5278	1.1552	180
	Total	1.00	8.6583	1.0492	120
		2.00	8.3500	1.0261	120
		3.00	8.4917	1.0452	120
		Total	8.5000	1.0450	360



**Table 4.34.A**

Tests of Between-Subjects Effects

Dependent Variable: PSE.POST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	54.403 <sup>a</sup>	12	4.534	4.660	.000
Intercept	497.240	1	497.240	511.089	.000
PSE.PRE	22.736	1	22.736	23.370	.000
GENDER	8.113E-03	1	8.113E-03	.008	.927
SCHOOL	.785	1	.785	.807	.370
TREATMENT	3.237	2	1.619	1.664	.191
GENDER * SCHOOL	8.286	1	8.286	8.517	.004
GENDER * TREATMENT	4.042	2	2.021	2.077	.127
SCHOOL * TREATMENT	5.349	2	2.675	2.749	.065
GENDER * SCHOOL * TREATMENT	1.172	2	.586	.602	.548
Error	337.597	347	.973		
Total	26402.000	360			
Corrected Total	392.000	359			

a. R Squared = .139 (Adjusted R Squared = .109)

### 3.5.1 Effects of treatment on Parental Self-esteem as an aspect of self-esteem

The hypothesis no.34 of the study was " There is no significant difference between mean Parental Self-esteem score of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children."

According to table 4.34.A. the F ratio for the treatment effect was 1.66 and it was not significant at 0.05 levels. Hence the null hypothesis no.34 of the study was retained and it was interpreted that treatment was not effective for parental self-esteem as an aspect of self-esteem.

This means that administration of various strategies of clinical hypnosis had not significant effect on parental self-esteem as an aspect of self-esteem. It can be seen in table no. 4.34.B respectively.

**Table 4.34.B**

Dependent Variable: Score on the Posttest of General Self-esteem as an aspect of Self-esteem.

Estimated Marginal Means for Treatment

# TREATMENT

Dependent Variable: PSE.POST

TREATMENT	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	8.607 <sup>a</sup>	.091	8.428	8.785
2.00	8.375 <sup>a</sup>	.090	8.198	8.552
3.00	8.518 <sup>a</sup>	.090	8.341	8.696

a. Evaluated at covariates appeared in the model: PSE.PRE = 7.5528.

According to table 4.34.B, Maximum mean scores 9.16 of Affirmation treated group suggest that Affirmation has affected positively in increasing parental self-esteem. Combine treatment has also contributed and significantly in increasing parental self-esteem as compared to Visualization treatment group. However, the effect of Affirmation is higher than other treatment. But there was not significant difference regarding various treatment of clinical hypnosis on parental self-esteem.

The reason is that parental self-esteem indicates that how parents affect to children. It indicates about relationship between parents and children. This relationship is due to life experiences. The change in this relationship takes long time. Change in parental behaviour towards children needs counseling and guidance to parents. If parents' behaviour changes towards children and if they spend some time with children then it will be more important for children. If children feel positive relationship with parents, their self-esteem rises too. So lecture or counseling with children is may be more important. According to John R. Buri (2010), adolescents' levels of self-esteem as a function of their own versus their parents' appraisals of parental nurturance and parental authority were investigated. Results revealed that (a) both mothers' and fathers' nurturance (as perceived by the adolescents) were positively related to self-esteem, (b) based upon the adolescents' appraisals, parental authoritativeness was directly related to self-esteem whereas parental authoritarianism was inversely related to self-esteem, (c) adolescents' assessments of parental nurturance and authority were more strongly related to self-esteem than were the parents' assessments of these variables, and (d) regression analyses suggested that parental authority may be an important source of parental nurturance information for adolescents.

So there was not significant difference regarding various treatment of clinical hypnosis on parental self-esteem.

### 3.5.2 The interactive effect of gender and treatment

The hypothesis no.35 of the study was “There is no significant interactive effect of gender and treatment on mean Parental Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children.”

The table 4.34.A shows that the F ratio for interactive effect of gender and treatment was 2.07 and it was not significant at 0.05 levels. So the null hypothesis no.35 of the study was retained and it was interpreted that interactive effect of gender and treatment was not effective for parental self-esteem as an aspect of self-esteem.

This means that administration of interactive effect of gender and treatment had not significant effect on parental self-esteem as an aspect of self-esteem. It can be seen in table no. 4.35 and 4.35.A respectively.

**Table 4.35**

GENDER

Dependent Variable: PSE.POST

GENDER	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	8.495 <sup>a</sup>	.074	8.349	8.641
2.00	8.505 <sup>a</sup>	.074	8.359	8.651

a. Evaluated at covariates appeared in the model: PSE.PRE = 7.5528.

**Table 4.35.A**

GENDER \* TREATMENT

Dependent Variable: PSE.POST

GENDER	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	8.541 <sup>a</sup>	.127	8.290	8.792
	2.00	8.282 <sup>a</sup>	.129	8.028	8.535
	3.00	8.663 <sup>a</sup>	.128	8.411	8.914
2.00	1.00	8.672 <sup>a</sup>	.128	8.420	8.925
	2.00	8.468 <sup>a</sup>	.128	8.217	8.719
	3.00	8.374 <sup>a</sup>	.127	8.124	8.625

a. Evaluated at covariates appeared in the model: PSE.PRE = 7.5528.

Table 4.35.A shows that for male subjects, combine treatment group and Affirmation group were more effective respectively than Visualization treatment; and in the case of female, Affirmation was more effective.

It can be seen from table 4.35.A that in Male group, combine treatment was more effective than other treatments as the mean scores of Parental Self-esteem were 8.66 and 8.54 for combine and Affirmation treatment respectively. The mean score in Visualization group was 8.28 as far as the parental self-esteem is concerned. And there was not significant difference regarding various treatment of clinical hypnosis on parental self-esteem.

But in Female group Affirmation treatment was more effective than other treatment as the mean scores of academic self-esteem were 8.67 and 8.46 for the Affirmation treatment and Visualization treatment respectively. The mean score in Combine group was 8.37 as far as the parental self-esteem is concerned. And there was not significant difference regarding various treatment of clinical hypnosis on parental self-esteem.

The reason is that parental self-esteem indicates that how parents affect to children. It indicates about relationship between parents and children. Change in parental behaviour towards children needs counseling and guidance to parents. If parents' behaviour changes towards children and if they spend some time with children then it will be more important for children. If children of both genders feel positive relationship with parents, their self-esteem rises too. So, there was not significant difference regarding interactive effect of gender and treatment on parental self-esteem.

Hence there was not significant difference regarding interactive effect of gender and treatment of clinical hypnosis on parental self-esteem.

### **3.5.3 The interactive effect of types of school and treatment**

The hypothesis no.36 of the study was "There is no significant interactive effect of types of school and treatment on mean Parental Self-esteem score of post test among affirmation group, visualization group and affirmation and visualization group of school going children."

The 4.34.A. shows that the F ratio for interactive effect of types of school and treatment was 2.74 and it was not significant at 0.05 levels. So the null

hypothesis no.36 of the study was retained and it was interpreted that interactive effect of types of school and treatment was not effective for the parental self-esteem as an aspect of self-esteem.

This means that administration of types of school as well as interactive effect of types of school and treatment had not significant effect on parental self-esteem as an aspect of self-esteem. It can be seen in table no. 4.36 and 4.36.A respectively.

**Table: 4.36**

**SCHOOL**

Dependent Variable: PSE.POST

SCHOOL	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
1.00	8.453 <sup>a</sup>	.074	8.308	8.598
2.00	8.547 <sup>a</sup>	.074	8.402	8.692

a. Evaluated at covariates appeared in the model: PSE.PRE = 7.5528.

**Table: 4.36.A**

**SCHOOL \* TREATMENT**

Dependent Variable: PSE.POST

SCHOOL	TREATMENT	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1.00	1.00	8.435 <sup>a</sup>	.128	8.183	8.687
	2.00	8.286 <sup>a</sup>	.128	8.036	8.537
	3.00	8.638 <sup>a</sup>	.127	8.387	8.889
2.00	1.00	8.778 <sup>a</sup>	.128	8.527	9.029
	2.00	8.464 <sup>a</sup>	.127	8.213	8.714
	3.00	8.399 <sup>a</sup>	.128	8.146	8.652

a. Evaluated at covariates appeared in the model: PSE.PRE = 7.5528.

As the table 4.34.A shows types of school and interactive effects of types of school and treatment has not produced significant effect on parental self-esteem measurement.

It can be seen from table 4.36 that public school had high mean score than private school as the mean scores of parental self-esteem were 8.54 and 8.45 for the public and private school respectively. There was not significant difference regarding only types of school but there was also not significant

difference regarding interactive effect of types of school and treatment on parental self-esteem.

It can be seen from table 4.36.A that in private school group, Combine treatment was more effective than other treatment as the mean scores of parental self-esteem were 8.63 and 8.43 for Combine and Affirmation treatment group respectively. The mean score in Visualization treatment group was 8.28 as far as the parental self-esteem is concerned.

But in public school group, Affirmation treatment was more effective than other treatment as the mean scores of parental self-esteem were 8.77 and 8.46 for the Affirmation and Visualization treatment respectively. The mean score in Combine group was 8.39 as far as the parental self-esteem is concerned. And there was significant difference regarding various treatment of clinical hypnosis and interactive effect of types of school and treatment on parental self-esteem.

The reason is that parental self-esteem suggests relationship between parents and children. Change in parental behaviour towards children needs counseling and guidance to parents. If parents' behaviour changes towards children and if they spend some time with children then it will be more important for children of both types of school. If children of both types of school feel positive relationship with parents, their self-esteem rises too. So, there was no significant difference regarding interactive effect of types of school and treatment on parental self-esteem.

Thus, it can be seen by testing hypotheses no. 34, 35 and 36 that gender and interactive effect of gender and treatment, types of school, interactive effect of types of school and treatment have no significant effect on parental self-esteem.

## **CHAPTER-5**

### **SUMMARY, CONCLUSIONS, LIMITATIONS AND SUGGESTIONS**

1. Summary
2. Conclusions
3. Limitations and Suggestions
4. Applications

## **CHAPTER-5**

### **SUMMARY, CONCLUSIONS, LIMITATIONS AND SUGGESTIONS**

#### **1 Introduction**

It is true to say that nobody likes suffering and everybody seeks happiness. Human being needs satisfaction and peace of mind, which means and includes living a full life. The best means of attaining the real peace of mind is hypnotic relaxation in this fast age. According to The Mother, It is only in quietness and peace that one can know what the best thing to do is. Hypnotic relaxation gives peace and self awareness. Self awareness shows us about negative and positive aspects of our self.

The concept of self, its development and related terms such as ego and character, from perhaps the most controversial area of current psychological theory and research. Self-concept helps everybody to grow properly and adjust properly. Positive self-concept always strengthens the ability of reasoning, problem-solving and efficiency of a child. High self-concept and self-esteem lead a person towards great success.

According to various studies, clinical hypnosis helps us to enhance our positive self image and to remove negative self image. If we have higher positive self-concept and higher self-esteem, then we can feel great confidence in our selves that lead us to great success and inner satisfaction. Dhyani and Prashnani (2004) describe, that significant effect was found after the hypnotic intervention programme on self-concept in experimental group. According to Aggarwal (2007), Children are highly susceptible to external suggestions primarily in the frequency range where the subconscious mind is exposed and unprotected as a result, children who are praised, properly taught and encouraged to succeed, develop a much better quality of life and self-esteem. Children are future of nation. So if children feel self-worth from beginning, nation will become worthy itself. So this type of experimental studies can guide us for better mankind and better world too.



Finding various effective methods to enhance self-concept and self-esteem have been a prime need of recent times. Various methods for enhancement of self-concept and self-esteem were studied in the present investigation.

As the title reads, the main problem under study has been: “An Experimental Study on Impact of Clinical Hypnosis on Self-concept And Self-esteem of School Going Children” In other words, the present study has been undertaken by the researcher mainly with primary aim to find out better effectiveness of alternative therapies i.e. affirmation, visualization and affirmation and visualization (combine) methods of clinical hypnosis- as a psychotherapy to enhance self-concept and self-esteem, along with the role of other demographic variables, such as gender (Male, Female) and types of school (public, private).

Thus, specific objectives of the present study have been

- 1) To study the impact of clinical hypnosis with affirmation on each of six aspects of self-concept of school going children
- 2) To study the impact of clinical hypnosis with visualization of each of six aspects of self-concept of school going children.
- 3) To study the impact of clinical hypnosis with affirmation and visualization of each of six aspects of self-concept of school going children.
- 4) To study the impact of various strategies of clinical hypnosis on each of six aspects of self-concept of school going male and female children.
- 5) To study the impact of various strategies of clinical hypnosis on each of six aspects of self-concept of school going children study in public and private school.
- 6) To study the impact of clinical hypnosis with affirmation on each of four areas of self-esteem of school going children
- 7) To study the impact of clinical hypnosis with visualization of each of four areas of self-esteem of school going children.
- 8) To study the impact of clinical hypnosis with affirmation and visualization of each of four areas of self-esteem of school going children.

9) To study the impact of various strategies of clinical hypnosis on each of four areas of self-esteem of school going male and female children.

10) To study the impact of various strategies of clinical hypnosis on each of four areas of self-esteem of school going male and female children study in public and private school.

In the present study, various treatment methods are used independently. Their impacts on six factors of self-concept and four factors of self-esteem were measured. Various interventional methods were compared also to find out its efficacy.

In order to examine scientifically and methodologically the above objectives, various hypotheses were formulated for statistical testing and verification of the role of significance of differences among the levels of variables.

In present research self-concept and self-esteem were dependent variables and affirmation, visualization and combine methods of Clinical Hypnosis and demographic variables like- gender and types of school were independent variables. self-concept is measured by Mr.S.P.Ahluwalia's (1986) children self-concept scale-CSCS , It measures six aspects regarding self- concept like behaviour, intellectual and school status, physical appearance and attributes, anxiety, popularity, happiness and satisfaction. Self-esteem is measured by Mr.Anandkumar-Battle's self-esteem inventory for children- SEIC. It measures four areas regarding self-esteem like general, social, academic and parental.

In present study, for scientific and methodological investigation of the role of above mention objectives 36 null hypotheses were tested as mentioned in chapter III.

A concept which can take on different quantitative values is called a variable. The problem of the present study has three independent variables (1) Hypnosis strategies like Affirmation, Visualization and Affirmation and Visualization (Combine) methods. (2) Gender (Male, Female) (3) Types of School. (Public, Private). Scores of Total and each sub scale of self-concept and Scores of Total and each sub scale of self-esteem were taken as dependent variables.

In the present study, pre test-post test 3x2x2 factorial design was used. Equal number of participants in each treatment group and equal time interval for all the three levels of treatment were other constant variables in this study.

The present research work conducted on 360 children. The purposive sampling technique used for the selection of samples. The children were selected from various schools of Porbandar city, such as Ghediya school, Lakhani school, Kadiya plot pay center school, Rupaliba school and Ramba school. Numbers of male and female children were maintained equally as per the design of the research.

This study was done on twelve different groups. 30 male and 30 females children from private school were given clinical hypnosis affirmations treatment for the duration of 5 months. Same way, 30 male and 30 female children from public school were given clinical hypnosis affirmations treatment for the same duration. And 30 male and 30 female children from private school were given clinical hypnosis visualization treatment for the duration of 5 months. Same way, 30 male and 30 female children from public school were given clinical hypnosis visualization treatment for the same duration. And 30 male and 30 female children from private school were given clinical hypnosis affirmations and visualization treatment for the duration of 5 months. Same way, 30 male and 30 female children from public school were given clinical hypnosis affirmations and visualization treatment for the same duration.

All subjects were given self-concept scale and self-esteem inventory to measure its levels before and after treatment. The effect of treatments was measured on the basis of scores on self-concept scale and self-esteem inventory according to pre-post design.

In short, first of all pre-test was conducted, then intervention was taken place and lastly post-test was conducted.

Each the 360 subjects under the study were administered Personal Data Sheet and the comprehensive questionnaire (self-concept scale-CSCS and Battle's self-esteem inventory) individually in separate group at the above said places.

All subjects were administered self-concept scale and self-esteem inventory before and after treatments. The duration was maintained same as twice in a week for 5 months for the administration of various treatments. Two hypnotic sessions of 20 to 25 minutes, each were given to relevant groups in every week for 5 months at their school.

Necessary descriptive and inferential statistics were used to analyze the obtained data of 180 subjects. In the descriptive statistics, the means and standard deviation were calculated for the total score on the self-concept scale and self-esteem inventory and scores for the subscales of the tools. For testing the hypotheses of the present study, analysis of covariance (ANCOVA) was applied. In this application the calculation of F ratios for the main and interactive effects of the independent variable were carried out. The pretest score was a covariate in the ANCOVA.

All the results obtained by application of different statistical tests of significance have been summarized, tabulated, illustrated in appropriate graphs wherever necessary, and discussed in detail, in the main body of the thesis.

## **2 Conclusions**

After a careful study and analysis of the data as shown in the previous chapters, the researcher arrived at the following conclusions.

1. There is no significant difference found between the mean scores of pre test and post test of total self-concept, among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.
2. There is no significant difference found between the mean scores of pre test and post test of behaviour as a component of self-concept, among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.
3. There is no significant difference found between the mean scores of pre test and post test of Intellectual and school status as a component of self-concept, among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.

4. There is no significant difference found between the mean scores of pre test and post test of physical appearance and attributes as a component of self-concept, among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.
5. There is significant difference found between the mean scores of pre test and post test of anxiety as a component of self-concept, among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.
6. There is significance interactive effect of types of school and treatment found between the mean scores of pre test and post test of anxiety as a component of self-concept, among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.
7. There is significant difference found between the mean scores of pre test and post test of popularity as a component of self-concept, among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.
8. There is significance interactive effect of types of school and treatment found between the mean scores of pre test and post test of popularity as a component of self-concept, among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.
9. There is no significant difference found between the mean scores of pre test and post test of happiness and satisfaction as a component of self-concept, among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.
10. There is significant difference found between the mean scores of pre test and post test of total self-esteem among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.
11. There is significance interactive effect of gender and treatment found between the mean scores of pre test and post test of total self-esteem, among

affirmation group, visualization group and affirmation and visualization group(combine treatment group) of school going children.

12. There is significant difference found between the mean scores of pre test and post test of general self-esteem among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.

13. There is significance interactive effect of gender and treatment found between the mean scores of pre test and post test of general self-esteem, among affirmation group, visualization group and affirmation and visualization group(combine treatment group) of school going children

14. There is significance interactive effect of types of school and treatment found between the mean scores of pre test and post test of general self-esteem, among affirmation group, visualization group and affirmation and visualization group(combine treatment group) of school going children.

15. There is significant difference found between the mean scores of pre test and post test of social self-esteem among affirmation group, visualization group and affirmation and visualization group (combine treatment group) of school going children.

16. There is significant difference found between the mean scores of pre test and post test of academic self-esteem among affirmation group, visualization group and affirmation and visualization group (Combine treatment group) of school going children.

17. There is significance interactive effect of types of school and treatment found between the mean scores of pre test and post test of academic self-esteem, among affirmation group, visualization group and affirmation and visualization group(Combine treatment group) of school going children.

18. There is no significant difference found between the mean scores of pre test and post test of parental self-esteem among affirmation group, visualization group and affirmation and visualization group (Combine treatment group) of school going children.

However, these findings in main variables as such should be interpreted with care and caution, in view of some significant interaction of one or the other variables.

### **3 Limitations and Suggestions**

No doubt, all the care has been taken to use more adequate design and more refined statistical procedure in the present study in order to study the impact of various methods of clinical hypnosis on self-concept and self-esteem along with, the rule of other demographic variables such as gender and types of school even though the study had its own limitations that would restrict the researcher to draw inferences and generalizations.

Such restrictions stem first from the nature and size of the sample. The sample size of each sub group was very small ( $n=30$ ). So findings of this study can not be generalized on large population. Moreover, the study was restricted to the urban students mainly and few demographic variables have been taken in present study. Types of family, religion, caste etc., are not controlled in the present study. In view of this, it is suggested that to widen the scope of applicability of this research, it should be carried out on a larger sample, with variety of representatives from various community groups from various schools. Equally important suggestion is that a comparative study of urban and rural students can be done. Cross-cultural study about the present research title can be carried out.

Present researcher suggests that various methods of clinical hypnosis can be compared to other types of psychotherapy. Of course, some studies has been carried out to compare differential effects of hypnosis, biofeedback training, and trophotropic responses on anxiety, ego strength, and locus of control by Hurley J.D. (1980) on college students. It is suggested that same can be done on children also.

It is further suggested that hypnosis can be compared to yoga for the same regard. It can be an interesting comparison of psychotherapy and yoga.

Next, pretest-posttest quasy design and more refined statistical procedures have been utilized with all care caution in the present study in order to exert more control over extraneous variance and minimize error variance and yet, it

is likely that a few least expected discrepancies might have crept in, that might be responsible for some errors even in the present results.

In view of this, it is suggested that future researcher should continue their efforts to arrive at more refined designs and statistical procedures available to avoid the likely errors.

The researcher has not been very happy with the use of less efficient tools to measure self-concept and its factors. Perhaps, more efficient tools would have helped in arriving at more useful inferences. Hence, equally important suggestion is that every future researcher in this area should take care to use the most reliable and valid tools to measure different types of self-concept and its factors. The deep study of such variable needs more sophisticated clinical instrument for better and firm conclusions.

It can be further suggested that both the treatments can be administered with the use of different tools or by adding more tools with self-concept scale and self-esteem inventory.

One important suggestion arising from present study is that a further research attempt should be undertaken to investigate the impact of clinical hypnosis on various or more factors of self-concept and self-esteem considering different definitions of it. In the present research, only four pre-determined factors of self-concept given in self-concept scale and four pre-determined factors of self-esteem given in self-esteem inventory were inquired. Other aspects of self-concept and self-esteem can be studied with the use of aforesaid interventional methods.

The present study was undertaken only for 5 months. The treatment duration can be stretched more. The investigator suggests continuing this intervention for 12 months or more. Or same treatment duration can be given after an interval period. The enhanced duration may show different results.

It can be also suggested that comparison of various methods of Clinical Hypnosis can be monitored on other psychological disorders or mental health.

No doubt, present study carries a number of limitations; it suggests ample possibilities in the area of self development.



#### **4 Applications**

1. This study provides the choice of selection of appropriate method of clinical hypnosis to enhance self-concept and self-esteem.
2. It helps the therapist to select better therapeutic method to enhance self-concept and self-esteem.
3. Clinical hypnosis can be administered as an adjuvant therapy along with other types of psychotherapy.
4. Clinical hypnosis treatment can be advised to students as an easy tool for self-relaxation and self development.
5. There can be other psychological problems on which Clinical Hypnosis can be administered as per indications.
6. Hypnotic relaxation can be used for self development.
7. Yoga can be combined with Clinical hypnosis to enhance self-concept and self-esteem.
8. Present study provides a vision to combine other such multiple combinations to be used to enhance self-concept and self-esteem or self development.
9. Present studies focus more light on “adverse side effect free methods” as alternative treatments to enhance self-concept and self-esteem.

## REFERENCES

- Agaarwal, P. (2007). *Personal Transformation In 7 Weeks*. Hyderabad: Institute of Mind Control and Development.
- Agras, W.S., Horne, M., & Taylor, C.B. (1982). Expectation and The Blood-Pressure Lowering Effects of Relaxation. *Psychosomatic Medicine*, 44(4):389-395.
- Ahluwalia, S.P. (2002). Children's Self-Concept Scale (CSCS). Agra: National Psychological Corporation.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders (4th ed.)*. Washington, D.C.: Author.
- Augustine, T. O. (2002). *Anxiety Management*. New Delhi: Kalpaz Publications.
- Baker, Elgan, L., Nash, & Michael, R. (1987). Applications of Hypnosis in the Treatment of Anorexia Nervosa. *American Journal of Clinical Hypnosis*, 29,185-193.
- Baker, & Robert, A. (1990). *They Call It Hypnosis*. Buffalo, NY: Prometheus Books.
- Bandura, A. (1997). *Self-Efficacy*. New York: Freeman and Company.
- Bandura, A., Taybor C. B., & Williams S. L. (1985). "Catecholamine Secretion as a Function of Perceived Coping Self-Efficacy". *Journal of Consulting Clinical Psychology*, 53,406-414.
- Banerjee, S., Srivastav, A., & Palan, B. (1995). Hypnosis and Self-Hypnosis in the Management of Nocturnal Enuresis: a Comparative Study with Imipramine Therapy. *American Journal of Clinical Hypnosis*, Apr, 37(4), 343.
- Barabasz, A., & Barabasz, M. (1992). Research Designs and Considerations. In E. Fromm & M. R. Nash (Ed.), *Contemporary Hypnosis Research* (pp. 173-200). New York: Guilford.
- Barber, Spanos, & Chaves. (1974). *Hypnotism: Imagination & Human Potentialities*. New York: Guilford.

- Barrios, A. (2007a.). Commentary on a Theory of Hypnosis based on Principles of Conditioning & Inhibition, Part I: Contrasts with Other Perspectives & Supporting Evidence. *Contemporary Hypnosis*, 24 (3), 109-122.
- Barrios, A. A. (2007b.). Commentary on a Theory of Hypnosis based on Principles of Conditioning & Inhibition, Part II: Benefits of the Theory. *Contemporary Hypnosis*, 24 (3),123-138.
- Baumeister, R., Smart, L., & Boden, J. (1996). "Relation of threatened egotism to violence and aggression: The dark side of self-esteem". *Psychological Review*, 103, 5–33.
- Beck, A. T., Rush, A. J., Shaw, B. E., & Emery, G. (1979). *Cognitive Therapy and depression*. New York: The Guilford Press.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- Benson, H., Frankel, F.H., Apfel, R., Daniels, M.D., Schniewind, H.E., Nemiah, J.C., Sifneos, P.E., Crassweller, K.D., Greenwood, M.M., Kotch, J.B., Arns, P.A. , Rosner, B. , Boutin, G.E., &Tosi, D.J. (1983).Modification of irrational ideas and test anxiety through rational stage directed hypnotherapy RSDH. *Journal of Clinical Psychology*, 39(3):382-391.
- Boas, Shamir, Robert, J.H., & Michael, B.A. (1993). The Motivational Effects of Charismatic Leadership: A Self-Concept Based Theory. *INFORMS Organization Science*, Vol. 4, No. 4, 577-594.
- Bong, M., & Clark R. E. (1999). Comparison between self-concept and self-efficacy in academic motivation research. *Educational Psychologist*, 34(3), 139-153.
- Boutin, G.E., & Tosi, D.J. (1983) Modification of irrational ideas and test anxiety through rational stage directed hypnotherapy RSDH. *Journal of Clinical Psychology*, 39(3):382-391.

- Bowhay, & Cherry, L. (1985). Visualization as a technique for personal change. Retrieved November 2004 from <http://hdl.handle.net>
- Braid, J. (1843). *Neurypnology or The rationale of nervous sleep considered in relation with animal magnetism*. Buffalo, N.Y.: John Churchill.
- Branden, N. (1969). *The psychology of self-esteem*. New York: Bantam.
- Branden, N. (2001). *The psychology of self-esteem: a revolutionary approach to self-understanding that launched a new era in modern psychology*. San Francisco: Jossey-Bass.
- Bregman, N.J., & McAllister H.A. (1985). Role of suggestions in digital skin temperature: implications for temperature biofeedback research. *International Journal of Neuroscience*, 27(1-2):115-120.
- Brigham, J. (1986). *Social Psychology*. Boston: Little, Brown & Co.
- Bruce, C., Poulsen , & William, J. M. (2003). *Correlates of imaginative and hypnotic suggestibility in children*. British Society of Experimental and Clinical Hypnosis.
- Brown, D. (1985). Hypnosis as an adjunct to the psychotherapy of the severely disturbed patient: an affective development approach. *International Journal of Clinical & Experimental Hypnosis*. 33 (4): pp 281-301.
- Burke, C. (2008) *"Self-esteem: Why? Why not?"*, New York :Homiletic and Pastoral Review.
- Byrne, B. (1990). Self-concept and academic achievement: Investigating their importance as discriminators of academic track membership in high school. *Canadian Journal of Education*, 15(2), 173-182.
- Byrne, B. M. (1984). The general/academic self-concept nomological network: *A review of construct validation research*. *Review of Educational Research*, 54, 427-456.
- Calnan, R. D. (1977). Hypnotherapeutic ego strengthening. *Australian Journal of Clinical Hypnosis*, 5, 105-118.

- Campbell, & Jennifer D. (1990). Self-esteem and clarity of the self-concept. *Journal of Personality and Social Psychology*, Vol. 59(3), September, 538-549.
- Campbell, J. D., & Lavalee, L. F. (1993). Who am I? The role of self-concept confusion in understanding the behavior of people with low self-esteem. In R. F. Baumeister (Ed.), *Self-esteem: The puzzle of low self-regard* (pp. 3-18). New York: Plenum.
- Carich, P. A. (1990). Ego strengthening: encouragement via hypnosis. *Individual Psychology*, 46(4), 498-502.
- Carson, R. C., Butcher, J. N., & Mineka, S. (2003). *Abnormal Psychology and Modern Life* (6th ed.). Pearson Education.
- Chantal, L. & Kirk, W.B. (2007). Mindfulness as a moderator of the effect of implicit motivational self-concept on day-to-day behavioral motivation. *Journal of Motivation and Emotion*, Springer Netherlands, Volume 31, Number 4 / December, 2007.
- Crocker, Jennifer, Luhtanen, & Riia. (1990). Collective self-esteem and in group bias. *Journal of Personality and Social Psychology*. Vol. 58(1), Jan., 60-67.
- Crowther, J.H. (1983). Stress management training and relaxation imagery in the treatment of essential hypertension. *Journal of Behavioral Medicine*, 1983; 6(2): 169-87.
- D'Amato, M. R. (1970) *Experimental Psychology*. McGraw-Hill Education.
- Dhakrass & Pandit (2000). *Psychiatry*. Mumbai: D. K. Publishing House.
- Dhyani & prashnani (2004). Effects of an intervention programme on self concept of pre adolescents.vol 62 no, 1-2 April-Oct, 2004.
- Einar, M., S.,Harald., Valns., & Olav, S. (1994). Task Involvement and Ego Involvement: relations with academic achievement, academic self-concept and self-esteem. *Scandinavian Journal of Educational Research*, Volume 38, Issue 3 & 4 , 231 – 243.

- Elbaum, B. (2002). The self-concept of students with learning disabilities: A meta-analysis of comparisons across different placements. *Learning Disabilities Research and Practice*, 17, 216–226.
- Epstein, S. (1985). The implications of cognitive-experiential self-theory for research in social psychology and personality. *Journal for the Theory of Social Behavior*, 15, 283-309.
- Epstein & Seymour. (1973). The self-concept revisited: Or a theory of a theory. *American Psychologist*. Vol. 28 (5), May, 404-416.
- Erickson, E.H. (1950). *Childhood and society*. New York: Norton.
- Erickson, M., Rossi E. L. & Rossi S. I. (1976). *Hypnotic Realities: The Induction of Clinical Hypnosis and Forms of Indirect Suggestion*. New York: Irvington.
- Fromm, E. (1956). *The art of loving*. New York: Harper & Row.
- Fromm, E. (1965). Hypnoanalysis: Theory and two case excerpts. *Psychotherapy: Theory, Research and Practice*. 2(3), 127-133.
- Franken, R. (1994). *Human motivation (3rd ed.)*. Pacific Grove, CA: Brooks/Cole Publishing Co.
- Frankl, V. (1963). *Man's search for meaning: An introduction to logo therapy*. New York: Washington Square Press.
- Freud, S. (1900). The interpretation of dreams. In *the complete psychological works of Sigmund Freud*. London: The Hogarth Press, 1962.
- Fromm, E. (1956). *The art of loving*. New York: Harper & Row.
- Frutiger, A. D. (1981). Treatment of penetration phobia through the combined use of systematic desensitization and hypnosis- A case study. *American Journal of Clinical Hypnosis*, 23, 269-273.
- Gage, N., & Berliner, D. (1992). *Educational psychology (5th ed.)*. Boston: Houghton Mifflin.
- Greenberg, J., Solomon, S., Pyszczynski, T., Rosenblatt, A., Burling, J., Lyon, D., Simon, L., & Pinel, E. (1992). Why do people need self-esteem?

- Converging evidence that self-esteem serves an anxiety-buffering function. *Journal of Personality and Social Psychology*, 63(6), 913-922.
- Greenwald, A. G., & Farnham, S. D. (2000). Using the Implicit Association Test to measure self-esteem and self-concept. *Journal of Personality and Social Psychology*, 79, 1022-1038.
- Gruzelier, J. H. (2002). A review of the impact of hypnosis, relaxation, guided imagery and individual differences on aspects of immunity and health. *Stress*, Volume 5, Issue 2 2002 , pages 147 – 163.
- Gur, R. C., & Reyher, J. (1976). Enhancement of creativity via free-imagery and hypnosis. *American Journal of Clinical Hypnosis*, 18, 237-249.
- Hall & Marian D. (1982-83). Using relaxation imagery with children with malignancies: A developmental perspective. *American Journal of Clinical Hypnosis*, 25 (2-3), 143-149.
- Hamachek, D. (1995). Self-concept and school achievement: Interaction dynamics and a tool for assessing the self-concept component. *Journal of Counseling & Development*, 73(4), 419-425.
- Hoffman, Rose Marie, John A., Hattie., & L. DiAnne Borders. "Personal definitions of masculinity and femininity as an aspect of gender self-concept." (2005). *Journal of Humanistic Counseling, Education and Development* 44.1,66+.
- Howard, W.L. & Reardon, J.P. (1986). Changes in the self-concept and athletic performance of weight lifters through a cognitive-hypnotic approach: an empirical study. *American Journal of Clinical Hypnosis*, 28(4): pp 248-57
- Hurley A.E. (1997). The effects of self-esteem and source credibility on self-denying prophecies. *Journal of Psychology*, 131(6): 581-594.
- Hurley J.D. (1980). Differential effects of hypnosis, biofeedback training, and trophotropic responses on anxiety, ego strength, and locus of control. *Journal of Clinical Psychology*, 36(2): 503-507.
- Huitt, W. (2004, October 29). *Becoming a Brilliant Star: An introduction. Presentation at the Forum for Integrated Education and Educational*

*Reform* , sponsored by the Council for Global Integrative Education,  
Santa Cruz, CA. Available on at  
<http://chiron.valdosta.edu/whuitt/brilstar/chapters/BrilStarintro.pdf>

James, W. (1983). *The principles of psychology*. Cambridge, MA: Harvard University Press. (Original work published 1890).

James, W. (1890). *Principles of psychology*. New York: Henry Holt.

Jennifer A. O'Dea. (2004). Evidence for a Self-Esteem Approach in the Prevention of Body Image and Eating Problems among Children and Adolescents. *Eating Disorders*, Volume 12, Issue 3 Sept.,225 – 239.

John, R.B. (2010). Self-Esteem and Appraisals of Parental Behavior. *Sage*, July, 25 (4).

Johnson R.L. & Johnson H.C. (1984). Effects of anxiety-reducing hypnotic training on learning and reading-comprehension tasks. *Journal of the National Medical Association*, 76(3): 233-235.

Johnson, V.C., Walker, L.G., Heys, S.D., Whiting, P.H., & Eremin, O. (1996). Can relaxation training and hypnotherapy modify the immune response to stress, and is hypnotizability relevant? *Contemporary Hypnosis*, 13(2): 100-108.

Jones. S. G. (2009). Hypnotherapy Improves Self-Concept. July 27, 2009.

Kirsch & Irving. (1995). "Hypnotic Enhancement of Cognitive-Behavioural Weight Loss Treatments--Another Meta-reanalysis." *Journal of Consulting and Clinical Psychology*, vol. 64 no.3,517-19.

Kirsten, Davison, Dorothy & Schmalz. (2006). Differences in Physical Self-concept Among Pre-Adolescents Who Participate in Gender-Typed and Cross-Gendered Sports. *Journal of Sport Behavior*, (12)

Kosslyn, Thompson, W.L.,Costantini, Ferrando, M.F., Alpert, N.M., & Spiegel, D (2000). "Hypnotic Visual Illusion Alters Color Processing in the Brain". *American Journal of Psychiatry* 157 (8).



- Kraft Tom (2006). The use of direct suggestion in the successful treatment of a case of snoring. *Contemporary Hypnosis*, Volume 20. Issue 2, Pages 98 –101. Published Online: 28 February 2006.
- Kumar, A. (1988). *Battle's Self Esteem Inventory for Children (SEIC) –Indian adaptation*. Varanasi: Prasad Psychological Corporation.
- Kuppuswamy, B. (1985). *Elements of Ancient Indian Psychology*. New Delhi: Vikas Publishing House.
- Kuttner., & Leora. (1988). Favorite stories: A hypnotic pain-reduction technique for children in acute pain. *American Journal of Clinical Hypnosis*, 30, 289-295.
- Laura D. W. & Eric R. S. (2005). The role of self-esteem and anxiety in decision making for self versus others in relationships. *Journal of Behavioral Decision Making*, Volume 18, Issue 2, 125 – 144, Published Online: 5 Apr 2005.
- Lavertue, N. E., Kumar, V. K., & Pekala, R. J. (2002). The effectiveness of a hypnotic ego-strengthening procedure for improving self-esteem and depression. *Australian Journal of Clinical and Experimental Hypnosis*, 30(1), 1-23.
- Lazarus, R. S., & Folkman, S. (1984). Coping and adaptation. In W. D. Gentry (Ed.), *The handbook of behavioral medicine* (pp. 282-325). New York: Guilford Press.
- LeBaron, S., Fanurik, D., & Zeltzer, L. (2001). The hypnotic dreams of healthy children and children with cancer: a quantitative and qualitative analysis. *The International Journal of Clinical and Experimental Hypnosis*, 49, 304-319.
- LeBaron, S., & Hilgard, J.R (1984). *Hypnotherapy of pain in children with cancer*. Los Altos, CA: William Kaufmann, Inc.
- Lee Howard, James, P., Reardon, Donald, & Tosi. (1982). Modifying migraine headache through rational stage directed hypnotherapy: A cognitive-experiential perspective. *International Journal of Clinical and Experimental Hypnosis*, Volume 30, Issue 3, July, 257 – 267.

- Linden, & Julie H. (2002). Playful metaphors. *American Journal of Clinical Hypnosis*, 45 (3), 245-250.
- Linden, J. (2004). Making Hypnotic Interventions more Powerful with a Developmental Perspective. *Psychological Hypnosis*, 13(3), pp. 7-9.
- Linden, J. (2007). Hypnosis with Adolescents and Developmental Aspects of Hypnosis with Adults in: Wester, W. & Sugarman, L. (Eds) (2007) *Therapeutic Hypnosis with Children and Adolescents*. Williston, VT: Crown House Publishing. *American Journal of Clinical Hypnosis*, 48, (4), 279-289.
- Linden, J., Bhardwaj, A., & Anbar, R. (2007). *Hypnotically Enhanced Dreaming to Achieve Symptom Reduction: A case study of 11 children and adolescents*.
- Lyda, & Alex. (1978). "Hypnosis Gaining Ground in Medicine." *Columbia News*, 22.
- Lynn, S.J., Snodgrass, M., Rhue, J.W., Nash, M.R., & Frauman, D.C. (1987). Attributions, involuntariness, and hypnotic rapport. *American Journal of Clinical Hypnosis*, 30(1), 36-43.
- Lynn, S., Johnson, D., Lamont, J., Myrna R.O., & Joel P.N. (2006). The uses of hypnotherapy with learning disabled children. *Journal of Clinical Psychology*, Volume 37 Issue, 291 – 299, Published Online: 21 Feb 2006
- Lynn, S. J., & O'Hagan, S. (2009). The sociocognitive and conditioning and inhibition theories of hypnosis. *Contemporary Hypnosis*, 26 (2), 121-125.
- Lucy, M.O., Amanda J.B., & Kevin M.C. (2006). Treating anxiety with self-hypnosis and relaxation. *Contemporary Hypnosis*, Volume 16 Issue 2, pp 68 – 80 (1999 *British Society of Experimental and Clinical Hypnosis*), Published Online: 23 Feb 2006.
- Mann, M., Hosman, C.M., Schaalma, H.P., & De Vries, N.K. (2004). *Self-esteem in a broad-spectrum approach for mental health promotion. Health Education Research*, 19(4), 357-372.

- Mary, P.L., Barbara J.M., Christopher, T.K., Renate, M.N., Shirley, & Wendy K. (1996). *Sexual self-concept among adolescents*. Presented in: International Conference on AIDS. 1996, Jul, 7-12.
- Miller, P. (1983). *Theories of developmental psychology*. San Francisco: W.H. Freeman and Company.
- Mimi Bong, & Einar M.S. (2003). *Academic Self-Concept and Self-Efficacy: How Different Are They Really?* Educational Volume 15, Number 1 / March.
- Mishra, N.K. (1989). A comparative study of achievement motivation and scholastic achievement in relation to self esteem. *Perspectives in Psychological researcher*, Vol. (14) (1).
- Mitra, T., Gautam, K., Bandyopadhyay, & Chattopadhyay (2002). "Variability Issues in Anxiety Ratings in a Double Blind Drug Study". *Indian Journal of Clinical Psychology*, Vol. 29(2), 136-143.
- Morgan, A.H., & Hilgard, J.R. (1975). Stanford Hypnotic Clinical Scale (SHCS). In E.R. Hilgard and J.R. Hilgard, *Hypnosis in the relief of pain* (pp. 209-221).
- Murphy, G. (1947). *A Biosocial Approach to Personality: Origins and Structure*. Harper and Row Publishers.
- Mruk, C. (2006). *Self-Esteem research, theory, and practice: Toward a positive psychology of self-esteem (3rd ed.)*. New York: Springer.
- Olness, K. & Kohen, D.P. (1997). *Hypnosis and Hypnotherapy with Children*. (3rd ed.) New York, NY: The Guilford Press, 52-84.
- Orne, M.T. (1971). "The Simulation of Hypnosis: Why, How, and What it Means". *International Journal of Clinical and Experimental Hypnosis*, 19 (4): 83-210.
- Owens, T.J., Stryker, S., & Goodman, N. (2001). *Extending self-esteem theory and research*. New York: Cambridge.
- Parekh, S., & Dikshit. (1995). *Manoveaganik sanshodhano ma ankadasastriya parikshan*. Junagadh: Chanpa Prakashan.

- Pavlov, I.P. (1957). *Experimental Psychology*. New York: Philosophical Library.
- Pekala, R.J. (1991). *Quantifying consciousness*. New York: Plenum Press.
- Pekala, R.J., & Kumar, V.K. (1984). Predicting hypnotic susceptibility by a self-report phenomenological state instrument. *American Journal of Clinical Hypnosis*, 27, 114- 121.
- Pekala, R.J., & Kumar, V.K. (1986). The differential organization of the structures of consciousness during hypnosis and a baseline condition. *Journal of Mind and Behavior*, 7, 515-539.
- Pekala, R.J., & Kumar, V.K. (2000). Operationalizing "trance" I: Rationale and research using a psychophenomenological approach. *American Journal of Clinical Hypnosis*, 43, 107-135.
- Perry, C., Nadon, R., & Button, J. (1992). The measurement of hypnotic ability. In E. Fromm and M. R. Nash (Eds.), *Contemporary hypnosis research* (pp. 459-490). New York: Guilford Press.
- Piaget, J. (1983). Piaget's theory. In P. Mussen (ed). *Handbook of child psychology* (4th ed). Vol. 1. New York: Wiley.
- Purkey, W. W., & Schmidt, J. (1987). *The inviting relationship: An expanded perspective for professional counseling*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Raimy, V.C. (1943). The self concept as a factor in counseling and personality organization, *Doctoral Dissertation*, Ohio state University.
- Raimy, V. C. (1948). Self-reference in counseling interviews. *Journal of Consulting Psychology*, 12, 153-163.
- Rapkin, D.A., Straubing, M., & Holroyd, J.C. (1991). Guided imagery, hypnosis and recovery from head and neck cancer surgery: an exploratory study. *International Journal of Clinical & Experimental Hypnosis*, 39(4):215-26.
- Rees, B.L (1995). Effect of relaxation with guided imagery on anxiety, depression, and self-esteem in primps. *Holist Nurs*, 13: pp 255-67.

- Robert, T. S., & Robyn, S. W. (2000). Female Wheelchair Athletes and Changes to Body Image. *International Journal of Disability, Development and Education*, Volume 47, Issue 4:12, 413 – 426.
- Rogers, C.R. (1951). *Client Centered Therapy*. Boston: Houghton.
- Ronald, J. P., Ronald, M., Kumar, V. K., Nancy, C., Elliott, E., Masten, E., & Moon, M. S. (2002). Self-Hypnosis Relapse Prevention Training with Chronic Drug/Alcohol Users: Effects on Self-Esteem, Affect, and Relapse. *American Journal of Clinical Hypnosis*, 46:4.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Rosenberg, M., & Owens, T. J. (2001). Low self-esteem people. In T. J. Owens, S. Stryker, & N. Goodman (Eds.). *Extending self-esteem theory and research (pp.400-436)*. New York: Cambridge.
- Rossi, E. (2002). *The psychobiology of gene expression*. New York: Wiley.
- Sadock, B. J., & Sadock V. A. (2003). *Synopsis of Psychiatry, Behavioral Sciences / Clinical Psychiatry (9th ed.)*. USA: Lippincott Williams & Wilkins.
- Sakata K.I. & Anderson J.P. (1970). The effects of posthypnotic suggestion on test performance. *International Journal of Clinical & Experimental Hypnosis*. (1):61-71.
- Sedikides, C., & Gregg, A. P. (2003). "Portraits of the self." In M. A. Hogg & J. Cooper (Eds.), *Sage handbook of social psychology (pp. 110-138)*. London: Sage Publications.
- Shavelson, R. J., Hubner, J. J., & Stanton, G. C. (1976). Self-concept: Validation of construct interpretations. *Review of Educational Research*, 46, 407-441.
- Silverman, & Irwin. (1964). Differential effects of ego threat upon persuasibility for high and low self-esteem. subjects. *The Journal of Abnormal and Social Psychology*. Vol. 69(5), Nov., 567-572.

- Spiegel, & David. (1998) "*Report in the Harvard Mental Health Letter September*". Vol. 15, 5-6.
- Spiegel, H., Greenleaf, M., Spiegel, D., Sadock B. J., & Sadock V. A. (2000). *Kaplan & Sadock's Comprehensive Textbook of Psychiatry (7th ed.)*. Vol. 2., Baltimore: Lippincott Williams & Wilkins.
- Sri Aurobindo (1950). *Life Divine*. Chapter XXIV Pondicherry: Sri Aurobindo Society press.
- Stanton, H.E. (1984). A comparison of the effects of a hypnotic procedure and music on anxiety level. *Australian Journal of Clinical & Experimental Hypnosis*, Nov; 12(2):127-132.
- Symonds, P.M. (1951). *The Ego and the Self*. New York: Basic Books Inc.
- Taylor D.N. (1995). Effects of a behavioral stress-management program on anxiety, mood, self-esteem, and T-cell count in HIV positive men. *Psychological Reports*. 76(2): 451-457.
- Torrance, E.P. (1954). Some practical uses of knowledge of the self concept in counseling and guidance. *Educational and Psychological Measurement*, 14, 120-127.
- Traber, & Mark W. (1999). *Guided imagery: a practical solution for the classroom teacher*. Lethbridge, Alta.: University of Lethbridge, Faculty of Education.
- The Encyclopaedia Britannica (15th ed.) (1985) *A dictionary of Arts, Sciences, Literature and General Information*. Encyclopedia Britannica Inc.
- The Mother (2007). *Rays of Light*. Pondicherry: Sri Aurobindo Ashram press.
- Valente, S.M. (1990). *Clinical hypnosis with school-age children*, Apr; 4(2): 131-136.
- Vickers, Andrew, Zollman, & Catherine. (1999). "Clinical review. ABC of complementary medicine. Hypnosis and relaxation therapies.". *British Medical Journal* , 319:1346-1349.

- Virgil, Z.H. (1993). Discrepancies between implicit and explicit self-esteem: implications for narcissism and self-esteem instability. *American Journal of Clinical Hypnosis*. Jan; 35(3): 190-197.
- Vyas, B., & Vyas, R. (2006). *The Indian handbook of clinical hypnosis*. Kolkata: New central book agency.
- Wendy B. H. (1990).The Self-Perception of a Learning Disability and Its Relationship to Academic Self-Concept and Self-Esteem. *Journal of Learning Disabilities*, October,vol. 23 no. 8, 472-475.
- Weitzenhofer, A. ,& Hilgard, E. (1962). *Stanford Hypnotic Susceptibility Scale: Form C*.Palo Alto, CA: Consulting Psychologists Press.
- Wester, W. & O'Grady, D. (1991). *Clinical Hypnosis with Children*. New York: Bruner/Mazel.
- Wojcikiewicz A., & Orlick, T. (1987). The effects of post-hypnotic suggestion and relaxation with suggestion on competitive fencing anxiety and performance. *International Journal of Sport Psychology*, 18(4): 303-13.
- World Health Organization (1992). International Classification of Diseases (10th ed.). *Mental and behavioral disorders: clinical descriptions and diagnostic guidelines*. Geneva: WHO Publication.
- Wylie, R.C. (1974). *The Self-concept: A critical survey of pertinent research literature*. Lincoln, University of Nebraska Press.
- Yapko, M.D. (1996). *A brief therapy approach in the use of hypnosis in treating depression*. A casebook of clinical Hypnosis. Washington D.C.: American Psychological Association.
- Young, Martin, H.; Montano, & Robert, J. (1988). A new hypnobeavioral method for the treatment of children with Tourette's disorder. *American Journal of Clinical Hypnosis*, 31 (2), 97-106.
- Zorana, I., David, B., Pillemer, & Marc A. B. (2009). Self-esteem memories and school success in early adolescence. NewYork: John Wiley & Sons, Ltd.

## WEBSITE REFERENCES

- (1) [www.google.com](http://www.google.com)
- (2) [www.sriaurobidosociety.org.in](http://www.sriaurobidosociety.org.in).
- (3) <http://hdl.handle.net/2429/25351>
- (4) <http://chiron.valdosta.edu/whuitt/brilstar/chapters/BrilStarintro.pdf>
- (5) <http://www.key-hypnosis.com/M04-Metaphor-Stories-for-Healing.php>
- (6) [http://www.psychwiki.com/wiki/Working\\_Self-Concept](http://www.psychwiki.com/wiki/Working_Self-Concept)
- (7) [www.smart-publications.com](http://www.smart-publications.com)
- (8) <http://www.mindpowernews.com/SpecialReport.htm>
- (9) [www.life-enhancement.com](http://www.life-enhancement.com)
- (10) <http://www.hno.harvard.edu/gazette/2003/05.08/01-hypnosis.html>
- (11) <http://www.hypnosis.com>
- (12) <http://www.pradeepaggarwal.com>
- (13) [www.hypnosiseire.com](http://www.hypnosiseire.com)
- (14) [www.asaabstracts.com](http://www.asaabstracts.com)
- (15) [www.drpalan.com](http://www.drpalan.com)



## **Appendix-A.1: Hindi version of self-concept test**







## **Appendix-A.2: Gujarati translation of self-concept test**



## **Appendix-B.1: Hindi version of self-esteem test**









## **Appendix-B.2: Gujarati translation of self-esteem test**



**Appendix-C: Personal Data Sheet (PDS)**

વ્યક્તિગત માહિતિ પત્રક

**Personal Data Sheet**

વિદ્યાર્થીનું નામ -

જન્મ તારીખ -

ઉંમર -

શાળાનું નામ -

અભ્યાસ -

જાતિ -

જ્ઞાતિ -

ધર્મ -

પિતાજીનો વ્યવસાય -

માતાનો વ્યવસાય -

કુટુંબની માસિક આવક -

કુટુંબનો પ્રકાર - સંયુક્ત/વિભક્ત -

## Appendix-D.1: The Descriptive Statistics: Self-concept

**Table-1.a**

### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
GENDER	360	1.00	2.00	1.5000	.5007	.000	.129	-2.011	.256
SCHOOL	360	1.00	2.00	1.5000	.5007	.000	.129	-2.011	.256
TREATMENT	360	1.00	3.00	2.0000	.8176	.000	.129	-1.504	.256
BEH.PRE	360	3.00	14.00	9.7972	2.0442	-.501	.129	.009	.256
BEH.POST	360	5.00	16.00	12.1417	1.7598	-.711	.129	1.537	.256
IQPRE	360	2.00	14.00	10.1889	2.0380	-.452	.129	.416	.256
IQPOST	360	6.00	16.00	12.8500	1.9102	-.701	.129	.135	.256
PAAPRE	360	1.00	12.00	8.4778	1.9647	-.702	.129	.194	.256
PAAPOST	360	4.00	14.00	10.5194	1.3902	-1.197	.129	2.735	.256
ANXPRE	360	2.00	13.00	7.9028	2.1016	-.340	.129	-.542	.256
ANXPOST	360	4.00	13.00	10.2944	1.7190	-1.003	.129	.526	.256
POPPRE	360	2.00	12.00	8.3167	1.8373	-.528	.129	.179	.256
POPPOST	360	5.00	14.00	10.2028	1.4242	-.653	.129	.398	.256
HSPRE	360	1.00	9.00	5.2639	1.3393	-.414	.129	.392	.256
HSPOST	360	4.00	10.00	6.6444	1.1901	-.152	.129	-.523	.256
TSCPRE	360	22.00	66.00	49.9472	7.1856	-.591	.129	.233	.256
TSCPOST	360	42.00	74.00	62.6528	5.8146	-.867	.129	.817	.256
Valid N (list wise)	360								

**Table-1.b**

**Statistics**

	BEH.PRE	BEH.POST	IQPRE	IQPOST	PAAPRE	PAAPOST	ANXPRES	ANXPOST
N Valid	360	360	360	360	360	360	360	360
Missing	0	0	0	0	0	0	0	0
Mean	9.7972	12.1417	10.1889	12.8500	8.4778	10.5194	7.9028	10.2944
Std. Error of Mean	.1077	9.275E-02	.1074	.1007	.1036	7.327E-02	.1108	9.060E-02
Median	10.0403	12.2914	10.3309	13.1818	8.8160	10.6683	8.1282	10.6510
Mode	10.00	12.00	10.00	14.00	10.00	10.00	10.00	12.00
Std. Deviation	2.0442	1.7598	2.0380	1.9102	1.9647	1.3902	2.1016	1.7190
Variance	4.1788	3.0969	4.1536	3.6487	3.8602	1.9328	4.4167	2.9548
Skewness	-.501	-.711	-.452	-.701	-.702	-1.197	-.340	-1.003
Std. Error of Skewness	.129	.129	.129	.129	.129	.129	.129	.129
Kurtosis	.009	1.537	.416	.135	.194	2.735	-.542	.526
Std. Error of Kurtosis	.256	.256	.256	.256	.256	.256	.256	.256
Range	11.00	11.00	12.00	10.00	11.00	10.00	11.00	9.00
Minimum	3.00	5.00	2.00	6.00	1.00	4.00	2.00	4.00
Maximum	14.00	16.00	14.00	16.00	12.00	14.00	13.00	13.00
Sum	3527.00	4371.00	3668.00	4626.00	3052.00	3787.00	2845.00	3706.00

	POPPRE	POPPOST	HSPRE	HSPOST	TSCPRE	TSCPOST
N Valid	360	360	360	360	360	360
Missing	0	0	0	0	0	0
Mean	8.3167	10.2028	5.2639	6.6444	49.9472	62.6528
Std. Error of Mean	9.684E-02	7.506E-02	7.059E-02	6.273E-02	.3787	.3065
Median	8.4759	10.3452	5.3598	6.6667	50.9615	63.9767
Mode	9.00	10.00	6.00	6.00	54.00	65.00
Std. Deviation	1.8373	1.4242	1.3393	1.1901	7.1856	5.8146
Variance	3.3758	2.0284	1.7937	1.4164	51.6323	33.8095
Skewness	-.528	-.653	-.414	-.152	-.591	-.867
Std. Error of Skewness	.129	.129	.129	.129	.129	.129
Kurtosis	.179	.398	.392	-.523	.233	.817
Std. Error of Kurtosis	.256	.256	.256	.256	.256	.256
Range	10.00	9.00	8.00	6.00	44.00	32.00
Minimum	2.00	5.00	1.00	4.00	22.00	42.00
Maximum	12.00	14.00	9.00	10.00	66.00	74.00
Sum	2994.00	3673.00	1895.00	2392.00	17981.00	22555.00

a Calculated from grouped data.

b Multiple modes exist. The smallest value is shown

## Frequency Tables

**Table-2**

### Score on the Pretest of Behaviour component of Self-concept

**BEH.PRE**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3.00	2	.6	.6	.6
	5.00	6	1.7	1.7	2.2
	6.00	23	6.4	6.4	8.6
	7.00	17	4.7	4.7	13.3
	8.00	44	12.2	12.2	25.6
	9.00	45	12.5	12.5	38.1
	10.00	80	22.2	22.2	60.3
	11.00	69	19.2	19.2	79.4
	12.00	49	13.6	13.6	93.1
	13.00	20	5.6	5.6	98.6
	14.00	5	1.4	1.4	100.0
Total		360	100.0	100.0	

**Table-3**

### Score on the Posttest of Behaviour component of Self-concept

**BEH.POST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5.00	1	.3	.3	.3
	6.00	4	1.1	1.1	1.4
	7.00	1	.3	.3	1.7
	8.00	5	1.4	1.4	3.1
	9.00	8	2.2	2.2	5.3
	10.00	42	11.7	11.7	16.9
	11.00	46	12.8	12.8	29.7
	12.00	95	26.4	26.4	56.1
	13.00	80	22.2	22.2	78.3
	14.00	62	17.2	17.2	95.6
	15.00	7	1.9	1.9	97.5
	16.00	9	2.5	2.5	100.0
Total		360	100.0	100.0	



**Table-4**

**Score on the Pretest of Intellectual and school status component of  
Self-concept**

**IQPRE**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	1	.3	.3	.3
	4.00	2	.6	.6	.8
	5.00	2	.6	.6	1.4
	6.00	11	3.1	3.1	4.4
	7.00	19	5.3	5.3	9.7
	8.00	38	10.6	10.6	20.3
	9.00	44	12.2	12.2	32.5
	10.00	80	22.2	22.2	54.7
	11.00	59	16.4	16.4	71.1
	12.00	72	20.0	20.0	91.1
	13.00	12	3.3	3.3	94.4
	14.00	20	5.6	5.6	100.0
	Total	360	100.0	100.0	

**Table-5**

**Score on the Posttest of Intellectual and school status component of  
Self-concept**

**IQPOST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6.00	1	.3	.3	.3
	7.00	1	.3	.3	.6
	8.00	8	2.2	2.2	2.8
	9.00	6	1.7	1.7	4.4
	10.00	40	11.1	11.1	15.6
	11.00	22	6.1	6.1	21.7
	12.00	55	15.3	15.3	36.9
	13.00	64	17.8	17.8	54.7
	14.00	101	28.1	28.1	82.8
	15.00	45	12.5	12.5	95.3
	16.00	17	4.7	4.7	100.0
	Total	360	100.0	100.0	

**Table-6****Score on the Pretest of Physical appearance and attributes component  
of Self-concept****PAAPRE**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	.3	.3	.3
	3.00	4	1.1	1.1	1.4
	4.00	7	1.9	1.9	3.3
	5.00	20	5.6	5.6	8.9
	6.00	30	8.3	8.3	17.2
	7.00	39	10.8	10.8	28.1
	8.00	56	15.6	15.6	43.6
	9.00	69	19.2	19.2	62.8
	10.00	94	26.1	26.1	88.9
	11.00	31	8.6	8.6	97.5
	12.00	9	2.5	2.5	100.0
	Total	360	100.0	100.0	

**Table-7****Score on the Posttest of Physical appearance and attributes component  
of Self-concept****PAAPOST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4.00	2	.6	.6	.6
	5.00	1	.3	.3	.8
	6.00	1	.3	.3	1.1
	7.00	7	1.9	1.9	3.1
	8.00	18	5.0	5.0	8.1
	9.00	32	8.9	8.9	16.9
	10.00	105	29.2	29.2	46.1
	11.00	94	26.1	26.1	72.2
	12.00	98	27.2	27.2	99.4
	13.00	1	.3	.3	99.7
	14.00	1	.3	.3	100.0
	Total	360	100.0	100.0	

**Table-8****Score on the Pretest of Anxiety component of Self-concept****ANXPRES**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	2	.6	.6	.6
	3.00	6	1.7	1.7	2.2
	4.00	10	2.8	2.8	5.0
	5.00	39	10.8	10.8	15.8
	6.00	41	11.4	11.4	27.2
	7.00	47	13.1	13.1	40.3
	8.00	55	15.3	15.3	55.6
	9.00	62	17.2	17.2	72.8
	10.00	70	19.4	19.4	92.2
	11.00	22	6.1	6.1	98.3
	12.00	5	1.4	1.4	99.7
	13.00	1	.3	.3	100.0
	Total	360	100.0	100.0	

**Table-9****Score on the Posttest of Anxiety component of Self-concept****ANXPOST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4.00	1	.3	.3	.3
	5.00	3	.8	.8	1.1
	6.00	12	3.3	3.3	4.4
	7.00	6	1.7	1.7	6.1
	8.00	40	11.1	11.1	17.2
	9.00	36	10.0	10.0	27.2
	10.00	67	18.6	18.6	45.8
	11.00	82	22.8	22.8	68.6
	12.00	112	31.1	31.1	99.7
	13.00	1	.3	.3	100.0
	Total	360	100.0	100.0	

**Table-10****Score on the Pretest of Popularity component of Self-concept****POPPRE**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	2	.6	.6	.6
	3.00	1	.3	.3	.8
	4.00	10	2.8	2.8	3.6
	5.00	9	2.5	2.5	6.1
	6.00	37	10.3	10.3	16.4
	7.00	54	15.0	15.0	31.4
	8.00	65	18.1	18.1	49.4
	9.00	80	22.2	22.2	71.7
	10.00	65	18.1	18.1	89.7
	11.00	32	8.9	8.9	98.6
	12.00	5	1.4	1.4	100.0
	Total	360	100.0	100.0	

**Table-11****Score on the Posttest of Popularity component of Self-concept****POPPOST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5.00	1	.3	.3	.3
	6.00	4	1.1	1.1	1.4
	7.00	11	3.1	3.1	4.4
	8.00	29	8.1	8.1	12.5
	9.00	50	13.9	13.9	26.4
	10.00	102	28.3	28.3	54.7
	11.00	95	26.4	26.4	81.1
	12.00	65	18.1	18.1	99.2
	13.00	2	.6	.6	99.7
	14.00	1	.3	.3	100.0
	Total	360	100.0	100.0	

**Table-12**

**Score on the Pretest of Happiness and satisfaction component of Self-concept**

**HSPRE**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	.6	.6	.6
	2.00	12	3.3	3.3	3.9
	3.00	17	4.7	4.7	8.6
	4.00	64	17.8	17.8	26.4
	5.00	93	25.8	25.8	52.2
	6.00	121	33.6	33.6	85.8
	7.00	38	10.6	10.6	96.4
	8.00	12	3.3	3.3	99.7
	9.00	1	.3	.3	100.0
	Total	360	100.0	100.0	

**Table-13**

**Score on the Posttest of Happiness and satisfaction component of Self-concept**

**HSPOST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4.00	14	3.9	3.9	3.9
	5.00	44	12.2	12.2	16.1
	6.00	114	31.7	31.7	47.8
	7.00	81	22.5	22.5	70.3
	8.00	100	27.8	27.8	98.1
	9.00	5	1.4	1.4	99.4
	10.00	2	.6	.6	100.0
	Total	360	100.0	100.0	

**Table-14****Score on the Pretest of Total Self-concept****TSCPRES**

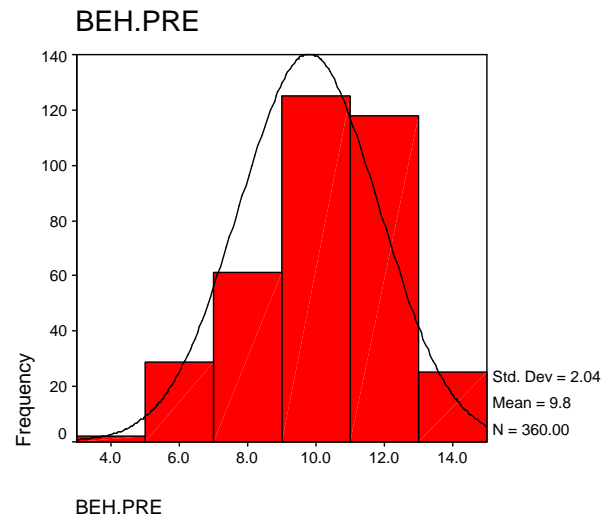
		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	<b>22.00</b>	<b>1</b>	<b>.3</b>	<b>.3</b>	<b>.3</b>
	<b>28.00</b>	<b>1</b>	<b>.3</b>	<b>.3</b>	<b>.6</b>
	<b>30.00</b>	<b>1</b>	<b>.3</b>	<b>.3</b>	<b>.8</b>
	<b>31.00</b>	<b>1</b>	<b>.3</b>	<b>.3</b>	<b>1.1</b>
	<b>32.00</b>	<b>2</b>	<b>.6</b>	<b>.6</b>	<b>1.7</b>
	<b>33.00</b>	<b>3</b>	<b>.8</b>	<b>.8</b>	<b>2.5</b>
	<b>34.00</b>	<b>1</b>	<b>.3</b>	<b>.3</b>	<b>2.8</b>
	<b>35.00</b>	<b>2</b>	<b>.6</b>	<b>.6</b>	<b>3.3</b>
	<b>36.00</b>	<b>4</b>	<b>1.1</b>	<b>1.1</b>	<b>4.4</b>
	<b>37.00</b>	<b>2</b>	<b>.6</b>	<b>.6</b>	<b>5.0</b>
	<b>38.00</b>	<b>6</b>	<b>1.7</b>	<b>1.7</b>	<b>6.7</b>
	<b>39.00</b>	<b>5</b>	<b>1.4</b>	<b>1.4</b>	<b>8.1</b>
	<b>40.00</b>	<b>12</b>	<b>3.3</b>	<b>3.3</b>	<b>11.4</b>
	<b>41.00</b>	<b>8</b>	<b>2.2</b>	<b>2.2</b>	<b>13.6</b>
	<b>42.00</b>	<b>6</b>	<b>1.7</b>	<b>1.7</b>	<b>15.3</b>
	<b>43.00</b>	<b>12</b>	<b>3.3</b>	<b>3.3</b>	<b>18.6</b>
	<b>44.00</b>	<b>10</b>	<b>2.8</b>	<b>2.8</b>	<b>21.4</b>
	<b>45.00</b>	<b>14</b>	<b>3.9</b>	<b>3.9</b>	<b>25.3</b>
	<b>46.00</b>	<b>17</b>	<b>4.7</b>	<b>4.7</b>	<b>30.0</b>
	<b>47.00</b>	<b>18</b>	<b>5.0</b>	<b>5.0</b>	<b>35.0</b>
	<b>48.00</b>	<b>19</b>	<b>5.3</b>	<b>5.3</b>	<b>40.3</b>
	<b>49.00</b>	<b>16</b>	<b>4.4</b>	<b>4.4</b>	<b>44.7</b>
	<b>50.00</b>	<b>13</b>	<b>3.6</b>	<b>3.6</b>	<b>48.3</b>
	<b>51.00</b>	<b>13</b>	<b>3.6</b>	<b>3.6</b>	<b>51.9</b>
	<b>52.00</b>	<b>23</b>	<b>6.4</b>	<b>6.4</b>	<b>58.3</b>
	<b>53.00</b>	<b>13</b>	<b>3.6</b>	<b>3.6</b>	<b>61.9</b>
	<b>54.00</b>	<b>27</b>	<b>7.5</b>	<b>7.5</b>	<b>69.4</b>
	<b>55.00</b>	<b>25</b>	<b>6.9</b>	<b>6.9</b>	<b>76.4</b>
	<b>56.00</b>	<b>19</b>	<b>5.3</b>	<b>5.3</b>	<b>81.7</b>
	<b>57.00</b>	<b>19</b>	<b>5.3</b>	<b>5.3</b>	<b>86.9</b>
	<b>58.00</b>	<b>15</b>	<b>4.2</b>	<b>4.2</b>	<b>91.1</b>
	<b>59.00</b>	<b>7</b>	<b>1.9</b>	<b>1.9</b>	<b>93.1</b>
	<b>60.00</b>	<b>9</b>	<b>2.5</b>	<b>2.5</b>	<b>95.6</b>
	<b>61.00</b>	<b>10</b>	<b>2.8</b>	<b>2.8</b>	<b>98.3</b>
	<b>62.00</b>	<b>3</b>	<b>.8</b>	<b>.8</b>	<b>99.2</b>
	<b>64.00</b>	<b>1</b>	<b>.3</b>	<b>.3</b>	<b>99.4</b>
	<b>65.00</b>	<b>1</b>	<b>.3</b>	<b>.3</b>	<b>99.7</b>
	<b>66.00</b>	<b>1</b>	<b>.3</b>	<b>.3</b>	<b>100.0</b>
	<b>Total</b>	<b>360</b>	<b>100.0</b>	<b>100.0</b>	

**Table-15****Score on the Posttest of Total Self-concept****TSCPOST**

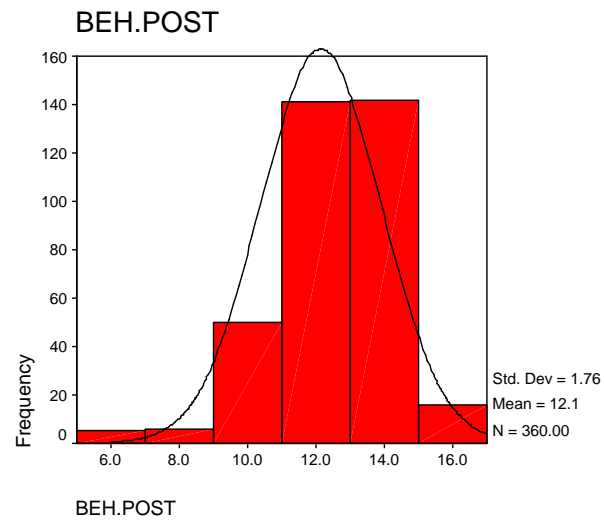
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	42.00	2	.6	.6	.6
	44.00	1	.3	.3	.8
	45.00	2	.6	.6	1.4
	46.00	1	.3	.3	1.7
	47.00	2	.6	.6	2.2
	48.00	2	.6	.6	2.8
	49.00	1	.3	.3	3.1
	50.00	3	.8	.8	3.9
	51.00	2	.6	.6	4.4
	52.00	3	.8	.8	5.3
	53.00	5	1.4	1.4	6.7
	54.00	5	1.4	1.4	8.1
	55.00	13	3.6	3.6	11.7
	56.00	12	3.3	3.3	15.0
	57.00	13	3.6	3.6	18.6
	58.00	17	4.7	4.7	23.3
	59.00	12	3.3	3.3	26.7
	60.00	20	5.6	5.6	32.2
	61.00	13	3.6	3.6	35.8
	62.00	19	5.3	5.3	41.1
	63.00	22	6.1	6.1	47.2
	64.00	21	5.8	5.8	53.1
	65.00	38	10.6	10.6	63.6
	66.00	29	8.1	8.1	71.7
	67.00	36	10.0	10.0	81.7
	68.00	23	6.4	6.4	88.1
	69.00	18	5.0	5.0	93.1
	70.00	8	2.2	2.2	95.3
	71.00	8	2.2	2.2	97.5
	72.00	4	1.1	1.1	98.6
	73.00	2	.6	.6	99.2
	74.00	3	.8	.8	100.0
	Total	360	100.0	100.0	

## Appendix-D.2: Graphs- Histogram: Self-concept

**Histogram-1**

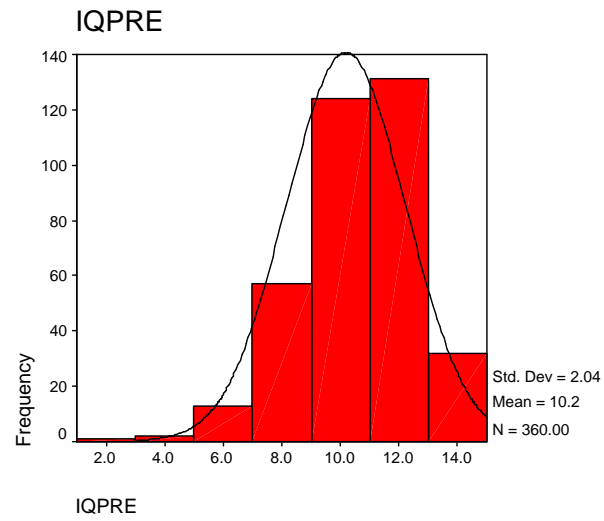


**Histogram-2**

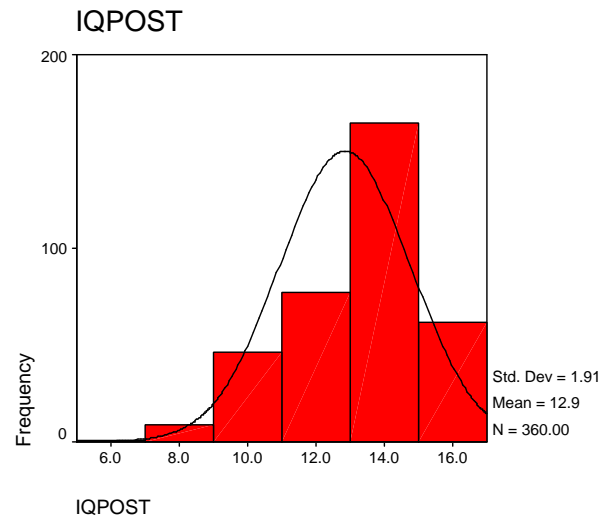




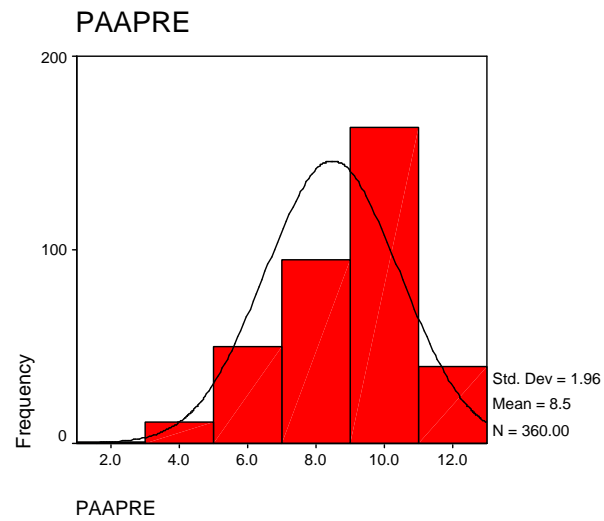
**Histogram-3**



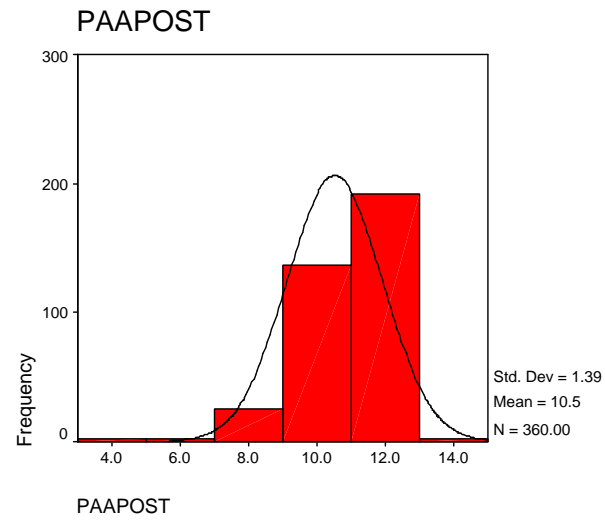
**Histogram-4**



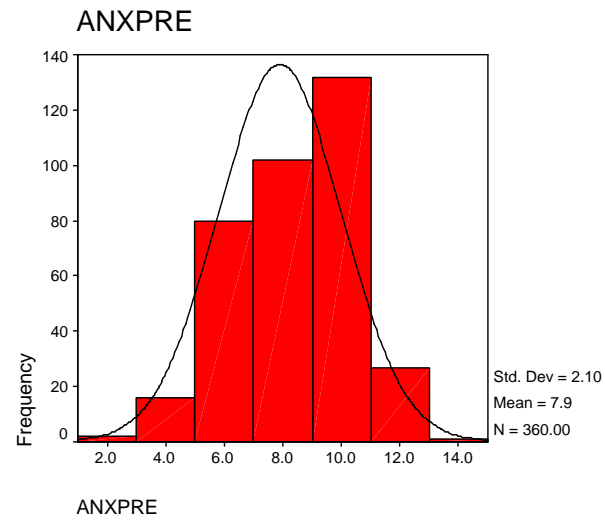
**Histogram-5**



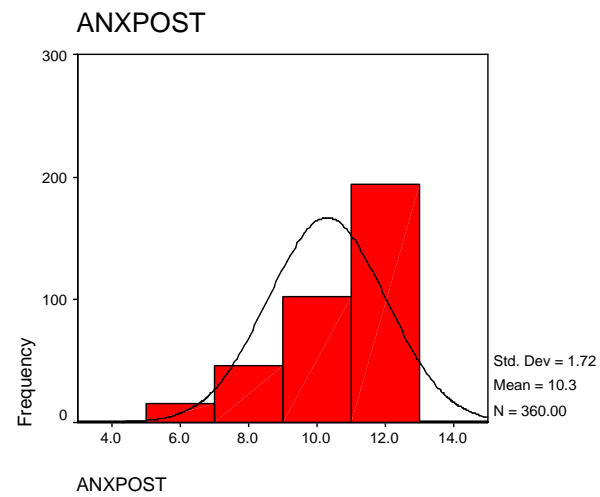
**Histogram-6**



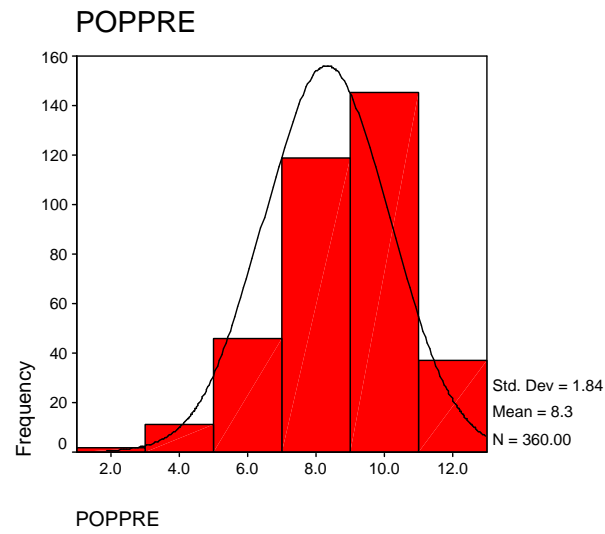
**Histogram-7**



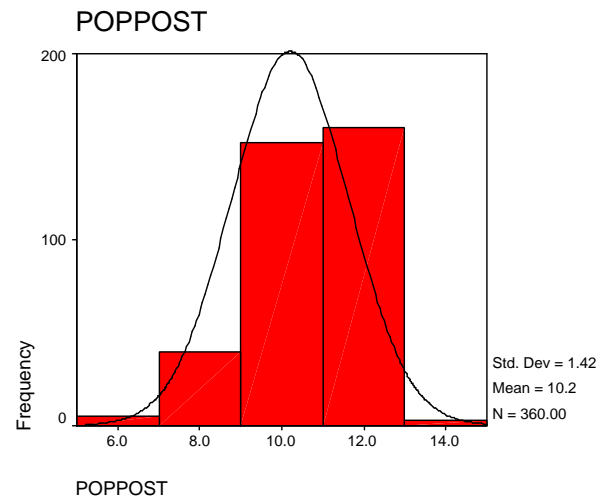
**Histogram-8**



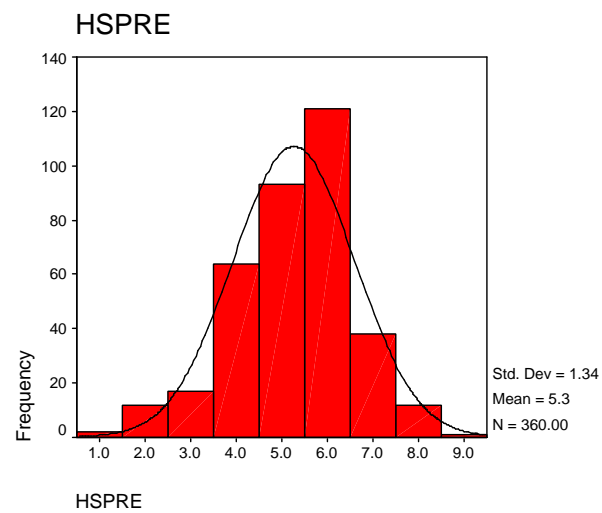
**Histogram-9**



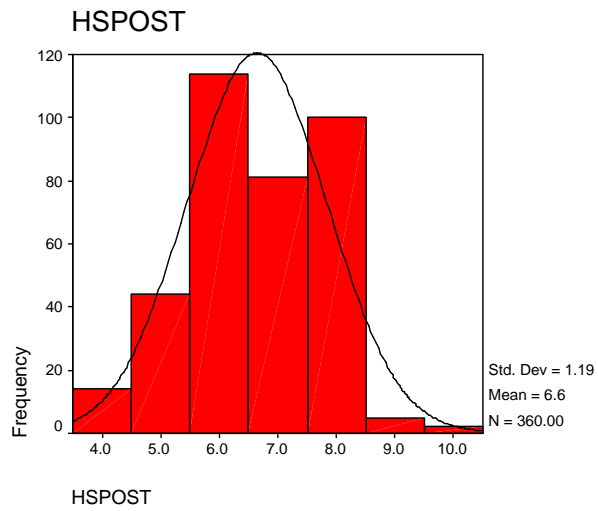
**Histogram-10**



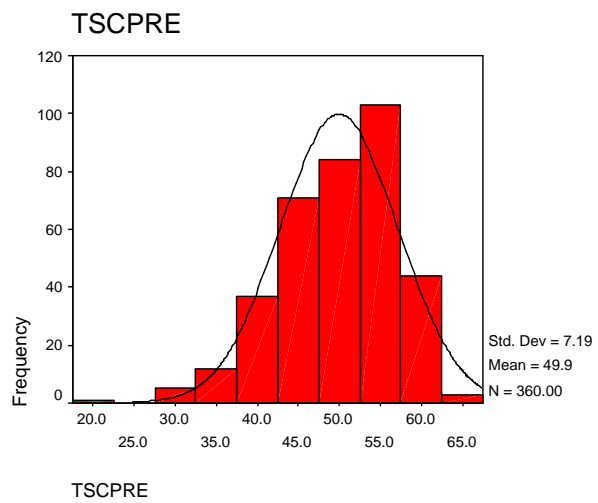
**Histogram-11**



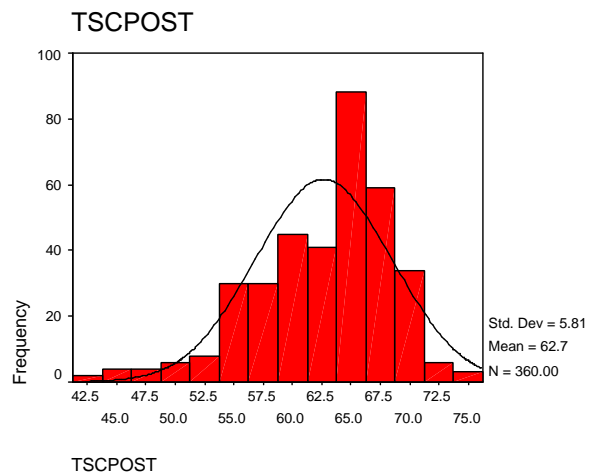
**Histogram-12**



**Histogram-13**



**Histogram-14**



### Appendix-D.3: The Descriptive Statistics: Self-esteem

Table-1.a

#### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
GENDER	360	1.00	2.00	1.5000	.5007	.000	.129	-2.011	.256
SCHOOL	360	1.00	2.00	1.5000	.5007	.000	.129	-2.011	.256
TREATMENT	360	1.00	3.00	2.0000	.8176	.000	.129	-1.504	.256
BEH.PRE	360	3.00	14.00	9.7972	2.0442	-.501	.129	.009	.256
BEH.POST	360	5.00	16.00	12.1417	1.7598	-.711	.129	1.537	.256
IQPRE	360	2.00	14.00	10.1889	2.0380	-.452	.129	.416	.256
IQPOST	360	6.00	16.00	12.8500	1.9102	-.701	.129	.135	.256
PAAPRE	360	1.00	12.00	8.4778	1.9647	-.702	.129	.194	.256
PAAPOST	360	4.00	14.00	10.5194	1.3902	-1.197	.129	2.735	.256
ANXPRES	360	2.00	13.00	7.9028	2.1016	-.340	.129	-.542	.256
ANXPOST	360	4.00	13.00	10.2944	1.7190	-1.003	.129	.526	.256
POPPRE	360	2.00	12.00	8.3167	1.8373	-.528	.129	.179	.256
POPPOST	360	5.00	14.00	10.2028	1.4242	-.653	.129	.398	.256
HSPRE	360	1.00	9.00	5.2639	1.3393	-.414	.129	.392	.256
HSPOST	360	4.00	10.00	6.6444	1.1901	-.152	.129	-.523	.256
TSCPRE	360	22.00	66.00	49.9472	7.1856	-.591	.129	.233	.256
TSCPOST	360	42.00	74.00	62.6528	5.8146	-.867	.129	.817	.256
Valid N (list wise)	360								

Table-1.b

#### Statistics

	GSE.PRE	GSE.POST	SPRE	SPOST	APRE	APOST	PPRE	PPOST	TPRE	TPOST
N	360	360	360	360	360	360	360	360	360	360
Valid	0	0	0	0	0	0	0	0	0	0
Missing										
Mean	15.5750	17.4806	6.8944	8.7917	7.8722	8.9528	7.5528	8.5000	38.0056	43.7028
Std. Error of Mean	.1340	9.603E-02	9.234E-02	6.555E-02	7.917E-02	6.070E-02	7.075E-02	5.507E-02	.2792	.1883
Median	15.9375	17.7669	7.0438	9.0085	8.0945	9.1654	7.7310	8.5397	38.9455	44.1932
Mode	18.00	18.00	7.00	10.00	9.00	10.00	8.00	9.00	41.00	46.00
Std. Deviation	2.5421	1.8221	1.7520	1.2438	1.5022	1.1517	1.3425	1.0450	5.2973	3.5730
Variance	6.4623	3.3200	3.0696	1.5470	2.2566	1.3265	1.8022	1.0919	28.0613	12.7666
Skewness	-.949	-1.206	-.482	-1.119	-.911	-1.096	-.881	-.420	-1.069	-1.232
Std. Error of Skewness	.129	.129	.129	.129	.129	.129	.129	.129	.129	.129
Kurtosis	1.052	2.360	-.098	1.095	.902	.757	.895	-.038	1.284	2.883
Std. Error of Kurtosis	.256	.256	.256	.256	.256	.256	.256	.256	.256	.256
Range	15.00	10.00	8.00	7.00	7.00	5.00	8.00	5.00	31.00	24.00
Minimum	5.00	10.00	2.00	4.00	3.00	5.00	2.00	5.00	17.00	26.00
Maximum	20.00	20.00	10.00	11.00	10.00	10.00	10.00	10.00	48.00	50.00
Sum	5607.00	6293.00	2482.00	3165.00	2834.00	3223.00	2719.00	3060.00	13682.00	15733.00

a Calculated from grouped data.

b Multiple modes exist. The smallest value is shown

## Frequency Tables

**Table-2**

### Score on the Pretest of General Self-esteem

#### GSE.PRE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5.00	1	.3	.3	.3
	7.00	2	.6	.6	.8
	8.00	2	.6	.6	1.4
	9.00	3	.8	.8	2.2
	10.00	8	2.2	2.2	4.4
	11.00	13	3.6	3.6	8.1
	12.00	17	4.7	4.7	12.8
	13.00	15	4.2	4.2	16.9
	14.00	39	10.8	10.8	27.8
	15.00	55	15.3	15.3	43.1
	16.00	57	15.8	15.8	58.9
	17.00	57	15.8	15.8	74.7
	18.00	63	17.5	17.5	92.2
	19.00	23	6.4	6.4	98.6
	20.00	5	1.4	1.4	100.0
	Total	360	100.0	100.0	

**Table-3**

### Score on the Posttest of General Self-esteem

#### GSE.POST

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10.00	4	1.1	1.1	1.1
	12.00	2	.6	.6	1.7
	13.00	6	1.7	1.7	3.3
	14.00	8	2.2	2.2	5.6
	15.00	26	7.2	7.2	12.8
	16.00	47	13.1	13.1	25.8
	17.00	49	13.6	13.6	39.4
	18.00	114	31.7	31.7	71.1
	19.00	68	18.9	18.9	90.0
	20.00	36	10.0	10.0	100.0
	Total	360	100.0	100.0	

**Table-4****Score on the Pretest of Social Self-esteem****SPRE**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	4	1.1	1.1	1.1
	3.00	13	3.6	3.6	4.7
	4.00	19	5.3	5.3	10.0
	5.00	36	10.0	10.0	20.0
	6.00	60	16.7	16.7	36.7
	7.00	89	24.7	24.7	61.4
	8.00	71	19.7	19.7	81.1
	9.00	52	14.4	14.4	95.6
	10.00	16	4.4	4.4	100.0
	Total	360	100.0	100.0	

**Table-5****Score on the Posttest of Social Self-esteem****SPOST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4.00	1	.3	.3	.3
	5.00	7	1.9	1.9	2.2
	6.00	16	4.4	4.4	6.7
	7.00	21	5.8	5.8	12.5
	8.00	78	21.7	21.7	34.2
	9.00	112	31.1	31.1	65.3
	10.00	124	34.4	34.4	99.7
	11.00	1	.3	.3	100.0
	Total	360	100.0	100.0	

**Table-6****Score on the Pretest of Academic Self-esteem****APRE**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3.00	7	1.9	1.9	1.9
	4.00	3	.8	.8	2.8
	5.00	15	4.2	4.2	6.9
	6.00	36	10.0	10.0	16.9
	7.00	60	16.7	16.7	33.6
	8.00	99	27.5	27.5	61.1
	9.00	102	28.3	28.3	89.4
	10.00	38	10.6	10.6	100.0
	Total	360	100.0	100.0	

**Table-7****Score on the Posttest of Academic Self-esteem****APOST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5.00	3	.8	.8	.8
	6.00	14	3.9	3.9	4.7
	7.00	22	6.1	6.1	10.8
	8.00	67	18.6	18.6	29.4
	9.00	106	29.4	29.4	58.9
	10.00	148	41.1	41.1	100.0
	Total	360	100.0	100.0	

**Table-8****Score on the Pretest of Parental Self-esteem****PPRE**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	1	.3	.3	.3
	3.00	2	.6	.6	.8
	4.00	6	1.7	1.7	2.5
	5.00	19	5.3	5.3	7.8
	6.00	47	13.1	13.1	20.8
	7.00	66	18.3	18.3	39.2
	8.00	131	36.4	36.4	75.6
	9.00	80	22.2	22.2	97.8
	10.00	8	2.2	2.2	100.0
	Total	360	100.0	100.0	

**Table-9****Score on the Posttest of Parental Self-esteem****PPOST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5.00	2	.6	.6	.6
	6.00	10	2.8	2.8	3.3
	7.00	44	12.2	12.2	15.6
	8.00	119	33.1	33.1	48.6
	9.00	120	33.3	33.3	81.9
	10.00	65	18.1	18.1	100.0
	Total	360	100.0	100.0	



**Table-10****Score on the Pretest of Total Self-esteem****TPRE**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	17.00	1	.3	.3	.3
	20.00	1	.3	.3	.6
	21.00	2	.6	.6	1.1
	23.00	3	.8	.8	1.9
	24.00	3	.8	.8	2.8
	25.00	3	.8	.8	3.6
	26.00	3	.8	.8	4.4
	27.00	3	.8	.8	5.3
	28.00	4	1.1	1.1	6.4
	29.00	7	1.9	1.9	8.3
	30.00	6	1.7	1.7	10.0
	31.00	6	1.7	1.7	11.7
	32.00	3	.8	.8	12.5
	33.00	10	2.8	2.8	15.3
	34.00	19	5.3	5.3	20.6
	35.00	16	4.4	4.4	25.0
	36.00	26	7.2	7.2	32.2
	37.00	25	6.9	6.9	39.2
	38.00	26	7.2	7.2	46.4
	39.00	29	8.1	8.1	54.4
	40.00	31	8.6	8.6	63.1
	41.00	35	9.7	9.7	72.8
	42.00	31	8.6	8.6	81.4
	43.00	25	6.9	6.9	88.3
	44.00	19	5.3	5.3	93.6
	45.00	13	3.6	3.6	97.2
	46.00	9	2.5	2.5	99.7
	48.00	1	.3	.3	100.0
	Total	360	100.0	100.0	

**Table-11**

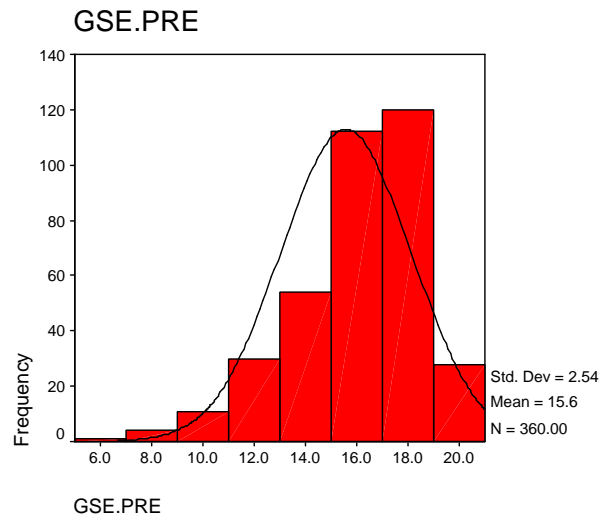
**Score on the Posttest of Total Self-esteem**

**TPOST**

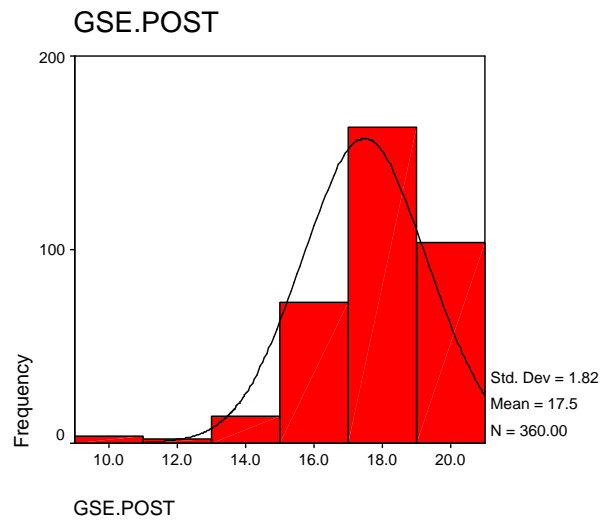
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	26.00	1	.3	.3	.3
	30.00	3	.8	.8	1.1
	31.00	1	.3	.3	1.4
	32.00	1	.3	.3	1.7
	35.00	2	.6	.6	2.2
	36.00	5	1.4	1.4	3.6
	37.00	6	1.7	1.7	5.3
	38.00	10	2.8	2.8	8.1
	39.00	8	2.2	2.2	10.3
	40.00	23	6.4	6.4	16.7
	41.00	19	5.3	5.3	21.9
	42.00	25	6.9	6.9	28.9
	43.00	44	12.2	12.2	41.1
	44.00	47	13.1	13.1	54.2
	45.00	41	11.4	11.4	65.6
	46.00	52	14.4	14.4	80.0
	47.00	35	9.7	9.7	89.7
	48.00	18	5.0	5.0	94.7
	49.00	15	4.2	4.2	98.9
	50.00	4	1.1	1.1	100.0
	Total	360	100.0	100.0	

## Appendix-D.4: Graphs- Histogram: Self-esteem

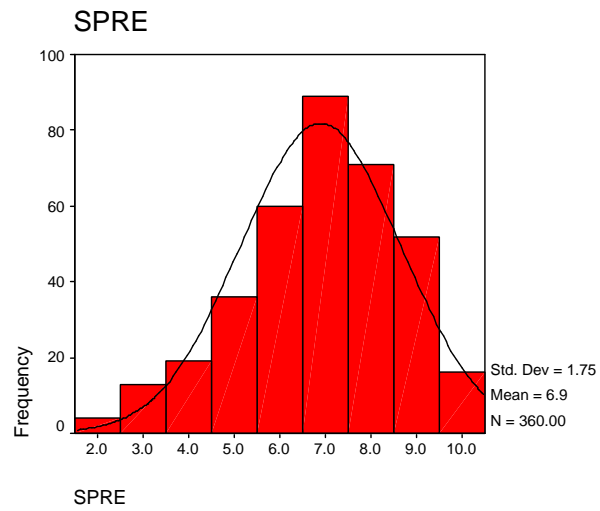
### Histogram-1



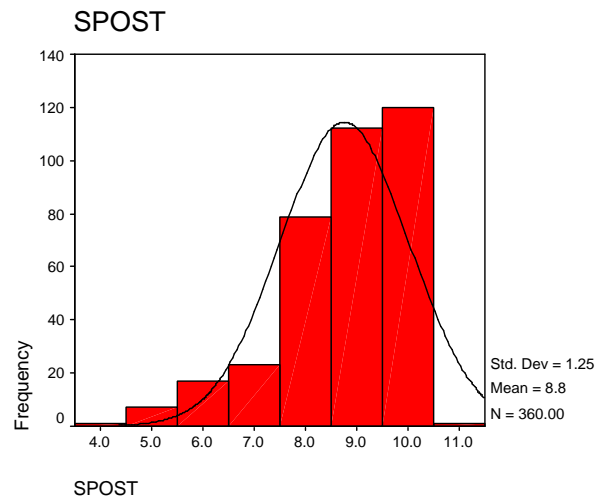
### Histogram-2



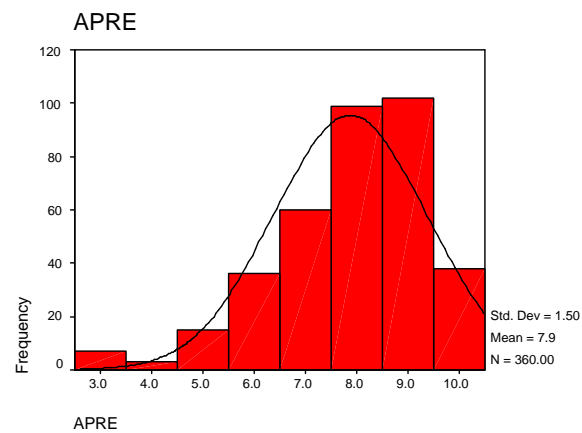
### Histogram-3



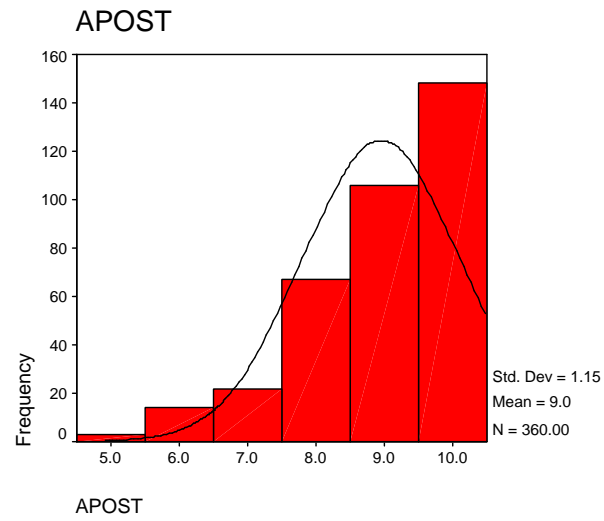
### Histogram-4



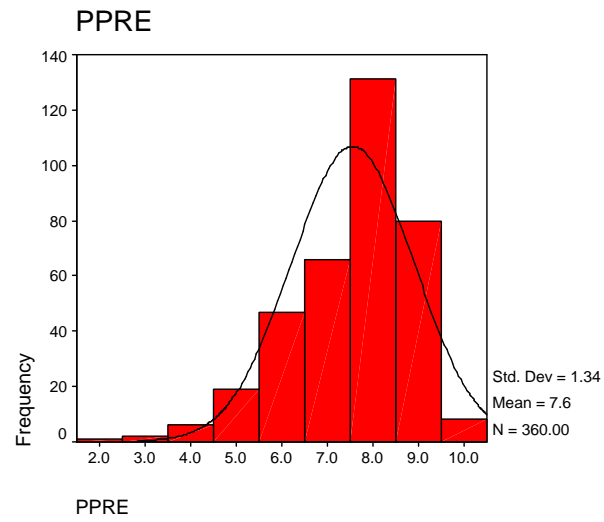
### Histogram-5



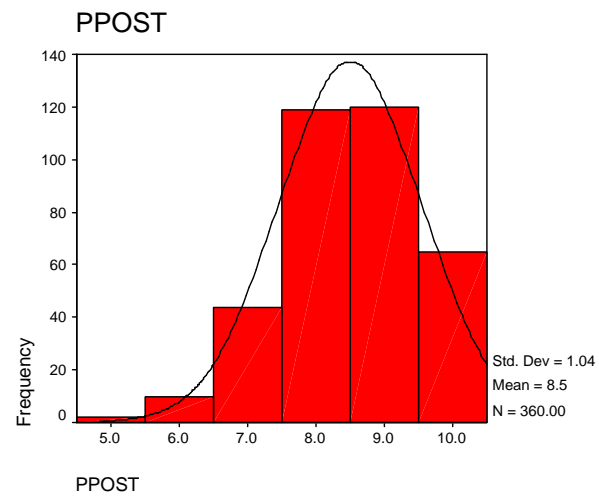
**Histogram-6**



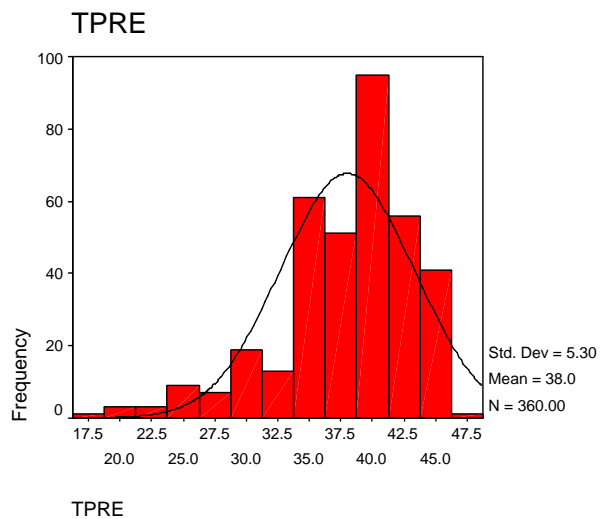
**Histogram-7**



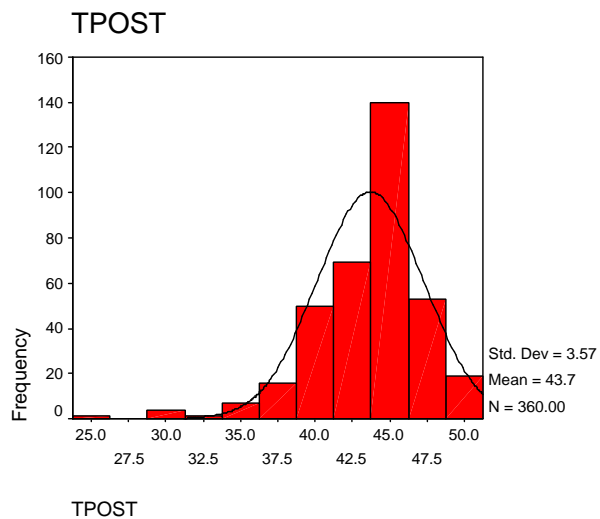
**Histogram-8**



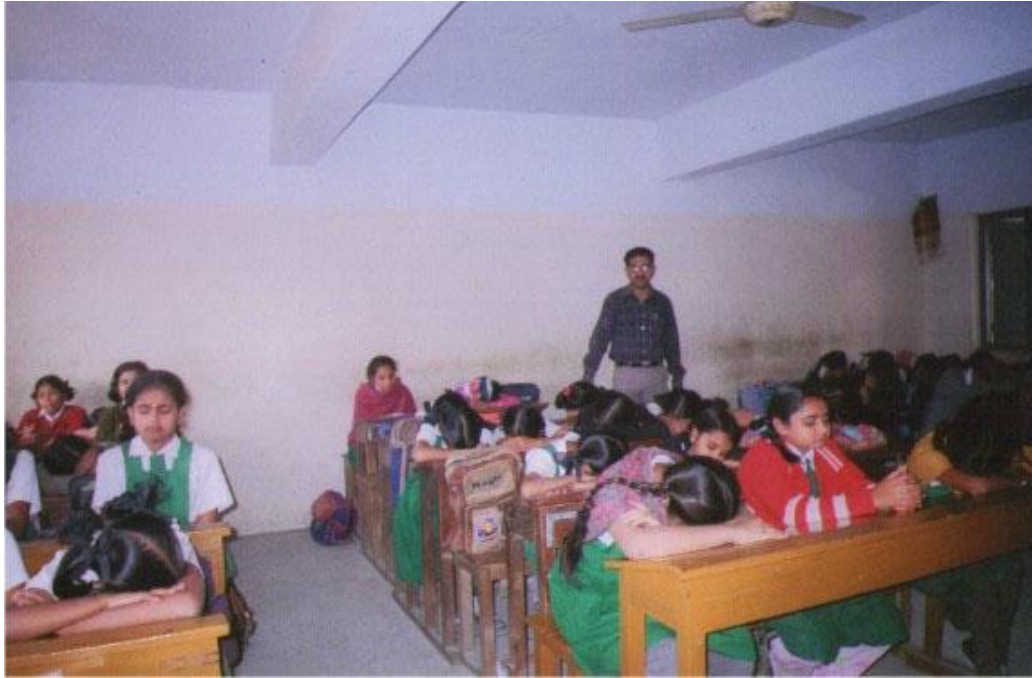
Histogram-9



Histogram-10



## Appendix-E: Photographs



**Hypnosis Session in Sri Ghedia School**



**Hypnosis Session in Sri Rupaliba School**



**Hypnosis Session in Sri Lakhani School**



**Hypnosis Session in Sri Lakhani School.**